Item 18 Film G160 12-7-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10745

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A 5

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6718 Holabird Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Co. Dundalk
STREET ADDRESS (If rural, give location) 6718 Holabird Ave.

3. NAME OF DECEASED (Type or Print): (First) ADOLPH (Middle) - - (Last) ABRAMOWSKI

4. DATE OF DEATH (Month) NOV. (Day) 29. (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar. 18. 1893

9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber

10b. KIND OF BUSINESS OR INDUSTRY: barber

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Julius Abramowski

14. MOTHER'S MAIDEN NAME: Julia Ulko

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-32-8117

17. INFORMANT AND ADDRESS: Mrs. Amelia A. Abramowski (Wife) 6718 Holabird Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1937

Immediate cause (a) CEREBRAL NEOPLASM - Malignant — Interval between onset and death: 5 Mo.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to Nov. 29, 1953, that I last saw the deceased alive on Nov 29, 1953, and that death occurred at 7:30P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J Heffron C. Mockonish M.D. 6714 Holabird Ave 12/1/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 3. 1953 — NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery — LOCATION (City, town, or county) (State): Baltimore Co. Md.

DATE REC'D BY LOCAL REG. 12-3-53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: HENRY SANDER & SONS. INC. — ADDRESS: Baltimore Md. Henry F. Sander

10746

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 42

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethrope
LENGTH OF STAY (in this place) 57
HOSPITAL OR INSTITUTION OR STREET ADDRESS Halethrope woods on B.&O. Railroad near

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
00-01-4
STREET ADDRESS (If rural, give location) 578 St. Mary's Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day)	(Year)
JOHN	H.	ANDERSON	11 - 16	19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	colored		1875	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
		D.C.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Mitchell Anderson	Annie Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		Mitchell Anderson 578 St Mary's

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

933.8
Immediate cause (a) Exposure
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senility due to arteriosclerotic cardiovascular disease

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
0		

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. K. Fisher M. D. CHIEF MEDICAL EXAMINER ☒ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11-16-53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 19	Mt Auburn	Balto. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/19/53	Fr. W. Helmick	A. Hahler & Son	210

VS. A-5-53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 10747 5

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 41

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 53 Dundalk | LENGTH OF STAY (in this place) 22 yrs 5 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1748 Leslie ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN 53 Home
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Sarah (Middle) Catherine (Last) Anderson
4. DATE OF DEATH (Month) Nov (Day) 18 (Year) 1953.
5. SEX: Fem. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow. | 8. DATE OF BIRTH: Nov 23/1895 | 9. AGE last birthday: 58 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Balto. Co. Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Harry Martell
14. MOTHER'S MAIDEN NAME: Lena Adams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: Ella Bush (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion.	Immediate.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cortic Vascular disease.	One yr.
	DUE TO (c)	

420.1

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: — | 19b. MAJOR FINDING OF OPERATION: — | 20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY | 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 11-18-53 8 A.M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE W. M. Lamme M.D. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11/18/53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-21-53	Oak Lawn	Balto. Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 19-1953	William M. Kelly	Schutte Bros. Bodley,	Dundalk, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-5-53

RECEIVED
NOV 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10748

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
LENGTH OF STAY (in this place): X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7911 Oakdale Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Parkville
STREET ADDRESS (If rural give location): 7911 Oakdale Avenue

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last): Mr. John F. Aschenbrenner

4. DATE OF DEATH: (Month) (Day) (Year): Nov. 3rd, 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Feb. 11, 1910	43 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Crown, Cork, & Seal		Williamsport, Penna 35	U.S.A.

13. FATHER'S NAME: Charles S. Aschenbrenner

14. MOTHER'S MAIDEN NAME: Mary E. Petree

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
0		Wife. Mrs. Ann M. Aschenbrenner- 7911 Oakdale

18. MEDICAL CERTIFICATION.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) DUE TO: Coronary Thrombosis — Interval Between Onset And Death: Immediate

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Hypertensive Cardio Vascular disease — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death: Frequent attacks Coronary Insufficiency — 6 months

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ..., 19..., to 3 Nov., 19 53, that I last saw the deceased alive on 1 Nov., 1953 and that death occurred at 7 A.M., from the causes and on the date stated above.

SIGNATURE: James E. Waltz M.D (Degree or title) — ADDRESS: 5214 Harford Rd. — DATE SIGNED: 3 Nov 53.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11- -53		Reading, Penna.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
11-3-53	J W Hedrick	Leonard J. Ruck, 5305 Harford Road

VS. A1

55

Dr. White

10749

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTO MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN SPARROWS PT. 19
LENGTH OF STAY (In this place) 27 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS (EDGEMERE) RUTH AVENUE (2512)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY BALTO.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN 1203 FORREST Rd
STREET ADDRESS (If rural, give location) SPARROWS POINT, 19 md.

3. NAME OF DECEASED: (Type or Print) (First) GERALDINE (Middle) FRANCES (Last) ASHTON

4. DATE OF DEATH (Month) 11 (Day) 13 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F.	WH	DIVORCED	12-16-1923	29 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
CREDIT	DEPT. STORE	MARYLAND	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
IRVIN M. WINEHOLT	EDITH F. MITCHELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO DO	218-10-1844	MRS. IRVIN M. WINEHOLT - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carbon Monoxide Poisoning
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
0		

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
	Garage	Edgemere Balto (19) MD

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
11 13 53 ? A M.		overcome by auto exhaust gas in garage

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R.B. Fisher M. D.
CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-14-53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	11-17-53	BELAIR MEM. PARK	BELAIR, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-16-1953	Dawson L. Harber	Webb Funeral Home	Bradley, Dundalk, Md.

VS. A-5-53

RECEIVED
NOV 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 3541

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore 27 MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Dundalk
LENGTH OF STAY (In this place) 6yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7656 old. Battle Grove Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY As
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN in
STREET ADDRESS (If rural, give location) # 1.

3. NAME OF DECEASED: (Type or Print) (First) THOMAS. (Middle) WM. (Last) ASHWELL.

4. DATE OF DEATH: (Month) Nov. (Day) 17. (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 25. 1873.

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor - Ret.

10b. KIND OF BUSINESS OR INDUSTRY: School.

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Ashwell.

14. MOTHER'S MAIDEN NAME: Phoebe Cook.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of) —

16. SOCIAL SECURITY NO.: 373-28-5132

17. INFORMANT & ADDRESS: Zoa. Maude Ashwell (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

151X

Immediate cause (a) Adeno-Carcinoma - gastric. — Interval Between Onset and Death: 1 year

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 26., 1952, to Nov. 17., 1953, that I last saw the deceased alive on Nov. 16., 1953, and that death occurred at 2:A.....m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Louis N. Tellin. M.d. 6908 N. Point Rd. Balto 19. MD Nov. 17. 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF 11/17/53 — NAME OF CEMETERY OR CREMATORY Washington Cemetery — LOCATION (City, town, or county) (State) Carrollville, Michigan

DATE REC'D BY LOCAL REG. 11/17/53 — REGISTRAR'S SIGNATURE H.W. Hedrick

24. FUNERAL DIRECTOR Wm. Cole, Inc., 1217 E. Baltimore — ADDRESS

Duna

(2)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0751

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Catonsville

LENGTH OF STAY (in this place): 10 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 100 Newburg Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. — COUNTY Balto.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Catonsville

STREET ADDRESS (If rural give location): 100 Newburg Ave

3. NAME OF DECEASED (Type or Print): (First) Iva (Middle) B. (Last) Ballard

4. DATE OF DEATH: (Month) Nov. (Day) 1/53 (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: June 16, 1867

9. AGE last birthday: 86 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: H. W.

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Emil Hartge

14. MOTHER'S MAIDEN NAME: Margaret McCauley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Harry T. Ballard, 7508 Harford Rd

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
42		
Immediate cause	(a) Pulmonary edema	12 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Myocardial failure	12 hrs
	DUE TO (c) Arteriosclerotic Cardiovas. dis	Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1953 to 1 Nov., 19 53, that I last saw the deceased alive on 1 Nov., 19 53 and that death occurred at 11:00 P.M., from the causes and on the date stated above.

SIGNATURE: Stephen Magness (Degree or title) MD — ADDRESS: Catonsville Md — DATE SIGNED: 11-2-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Nov. 4/53

NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Henry H. Wirtz — **ADDRESS:** 4101 Edmondson Ave.

VS./A16

Item 18 Film G160 12-7-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7529 Belair Rd.-Fullerton

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN 03 X - 1
STREET ADDRESS (If rural, give location) 1426 N. Ellwood Ave.

3. NAME OF DECEASED: (Type or Print) (First) WALLACE (Middle) A. (Last) BARR JR.

4. DATE OF DEATH (Month) Nov. (Day) 11 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White		AUGUST 22 1951	2 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
		BALTIMORE MD.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
WALLACE A. BARR SR.	JENNIE F. ERCOLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		WALLACE A. BARR SR 1426 NELLWood AVC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Interstitial pneumonitis,	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Joseph A. Jachimczyk M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11/12/53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	NOV. 14-53	ST. STANISLAUS	BALTIMORE MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
November 14 1953	R.W.	Frank Della Rocca	322 S. HIGH ST.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 16753

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Lutherville
LENGTH OF STAY (in this place) 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Burton Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Lutherville
STREET ADDRESS (If rural give location) Burton Ave.

3. NAME OF DECEASED: (Type or Print) (First) Otis (Middle) Eugene (Last) Beck

4. DATE OF DEATH: (Month) Nov. (Day) 19, (Year) 19 53

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: March 6, 1890

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Metro. Dist. Balto. Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jason Beck

14. MOTHER'S MAIDEN NAME: Sarah Bowen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Family Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157x Immediate cause (a) Carcinoma of pancreas — Interval Between Onset And Death: 1 yr.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 1953

19b. MAJOR FINDINGS OF OPERATION Carcinoma of pancreas

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 8, 19 53 to 19 Nov, 19 53, that I last saw the deceased alive on 19 Nov, 19 53, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul H Royse M D — ADDRESS Pikesville 8 md — DATE SIGNED 19 Nov 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov. 23, 1953 — NAME OF CEMETERY OR CREMATORY St. Joseph's Cemetery — LOCATION (City, town, or county) (State) Texas, Balto. Co., Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 22, 1953 — REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR John Burns Sons, Towson, Md. — ADDRESS

VS. 216

CEIVED
1953
BUREAU V. S.

Block

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10754

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 1 | LENGTH OF STAY (In this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS CATONRIDGE CONVALESCENT HOME HARLEM LANE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.
STREET ADDRESS (If rural, give location) 1431 E. Lombard St

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) (Last) Block
4. DATE OF DEATH: (Month) Nov (Day) 22 (Year) 1953
5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.
8. DATE OF BIRTH: 1/16/1868
9. AGE last birthday: 85 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: House Work
11. BIRTHPLACE (State or foreign country): Balto.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Stamm
14. MOTHER'S MAIDEN NAME: Anna ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT: Harry Stamm 1431 E. Lombard St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Anaplastic Carcinoma Breast left

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) with extensive metastases

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 16 Nov 53. | 19b. MAJOR FINDINGS OF OPERATION: Biopsy - Anaplastic Carcinoma Breast left | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Nov, 1953, to 22 Nov, 1953, that I last saw the deceased alive on 21 Nov, 1953, and that death occurred at 12:15 P m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
H. E. Mc Grath M.D. | 1707 Edmondson Ave. Catonsville 28 Md | 22 Nov 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Nov. 24-53 | NAME OF CEMETERY OR CREMATORY: Balto. Cem. | LOCATION (City, town, or county) (State): E. North Ave Balto. 6 Md

DATE REC'D BY LOCAL REG. 11-23-53 | REGISTRAR'S SIGNATURE: A. W. Hedrick | 24. FUNERAL DIRECTOR: Doppel Bros. | ADDRESS: 1800 E. Lombard St

VS-15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 '53

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 5 | LENGTH OF STAY in this place 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 16
STREET ADDRESS (If rural give location) 2113 Longwood St.

3. NAME OF DECEASED: (First) George (Middle) John (Last) Boehl

4. DATE OF DEATH: (Month) 11 (Day) 21 (Year) 1953

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: 6/8/84 | 9. AGE last birthday: 69 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Salesman Hosiery | 10b. KIND OF BUSINESS OR INDUSTRY: Askins Bros. Co. | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George J. Boehl

14. MOTHER'S MAIDEN NAME: Emma Moog

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-01-1936

17. INFORMANT & ADDRESS: Mrs. Irene R. Boehl 2113 Longwood St.,

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Cardiac failure — 11/16 – 11/21/53

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Mitral Stenosis
DUE TO (c) Arterio-sclerotic cardio-vascular disease

422.1

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Febrile

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION: 0 | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/23 ..., 1953, to 11/20 ..., 19 53, that I last saw the deceased alive on 11/20 ..., 1953, and that death occurred at 6:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Melvin M. Udell, M.D. | ADDRESS Spring Grove State Hosp. | DATE SIGNED 11/21/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 11-24-1953 | NAME OF CEMETERY OR CREMATORY Woodlawn | LOCATION (City, town, or county) Woodlawn | (State) Md.

DATE REC'D BY LOCAL REGISTRAR 11-23-53 | REGISTRAR'S SIGNATURE A. W. Hedrick | 24. FUNERAL DIRECTOR G. Howard Strong | ADDRESS 3207 W. North Ave.,

VS. 4.46

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[redacted]

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

REPLACEMENT

VS. 5—10-53

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Amecost Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 3804 E. Hadley Square ✓

3. NAME OF DECEASED: (Type or Print) (First) Harriett (Middle) M. (Last) Boring

4. DATE OF DEATH: (Month) Nov. (Day) 18 (Year) 19 53

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH: Mar. 30, 1876 | 9. AGE last birthday 77 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles S. Boring
14. MOTHER'S MAIDEN NAME: Elsie Townsend

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. J. Morris Womack-3804 Hadley Sq.E.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.0 IMMEDIATE CAUSE	(A) congestive heart failure	3 mons
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) arteriosclerotic heart dis.	-----
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/20, 19 53 to 11/18, 19 53 that I last saw the deceased alive on 11/18, 1953, and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE [signature] ADDRESS 20204 Clarks Ln DATE SIGNED
M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11/21/53
NAME OF CEMETERY OR CREMATORY Woodlawn Cem.
LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR 4-26-54
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS

Film B168- 7/15/54
Orig. cert. mnt.

Film#G159 Item # 13, 14, 11/18/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH 11641

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6106 Shady Spring Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Bradley (Middle) (Last) Bowler.

4. DATE OF DEATH: (Month) Nov (Day) 8 (Year) 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov 15-1873

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Retired,

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: Balto 26. Geo L. Bowler Jr. 8214 W. End Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion — Interval between onset and death: Minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) 11 (Day) 8 (Year) 53 (Hour) 9.45 a.m. p.m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐ homicide ☐ undetermined ☐*

SIGNATURE: J. M. Barnes M.D. (Degree or title) ADDRESS Medical Examiner Balto Co. Dundalk 22 Md DATE SIGNED 11/8/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 11/10/53 — NAME OF CEMETERY OR CREMATORY Glen Haven Cem — LOCATION (City, town, or county) Catonsville Co Md (State)

DATE REC'D BY LOCAL REG. Nov. 9-1953 — REGISTRAR'S SIGNATURE Mrs M. D. Neufeinder

24. FUNERAL DIRECTOR — ADDRESS Loveless Funeral Home 7401 Belair Rd

A15A

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2756

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN ESSEX
LENGTH OF STAY (in this place) 7
HOSPITAL OR INSTITUTION OR STREET ADDRESS 303 MAGNOLIA TERRACE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
STREET ADDRESS (If rural give location) 303 MAGNOLIA TERRACE

3. NAME OF DECEASED: (Type or Print) (First) VIRGINIA (Middle) H. (Last) BOYLE

4. DATE OF DEATH: (Month) NOV. (Day) 22 (Year) 19 53

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: JAN. 19, 1868

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY: OWN. HOME

11. BIRTHPLACE (State or foreign country): NEW YORK

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: VIRGIL HAVILAND

14. MOTHER'S MAIDEN NAME: HENERETTA HALSTEAD

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) /
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: BEATRICE RODRIGUES 303 MAGNOLIA TERRACE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Accident — Interval Between Onset And Death: 5 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Senalyzed arteriosclerosis
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophic arthritis — 15 yrs

19a. DATE OF OPERATION: /

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1950, to Nov 22, 19 53, that I last saw the deceased alive on Nov 22 19 53, and that death occurred at 4 AM 11/22/53 from the causes and on the date stated above.

SIGNATURE Conrad L. Rudder (Degree or title) M.D. ADDRESS 3128 Harford Rd DATE SIGNED 11/23/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF Nov. 25 1953 — NAME OF CEMETERY OR CREMATORY PARKWOOD CEMETERY — LOCATION (City, town, or county) BALTIMORE (State) MARYLAND

DATE REC'D BY LOCAL REGISTRAR 11-24-53 — REGISTRAR'S SIGNATURE W. J. Hartman

24. FUNERAL DIRECTOR Joseph Timkins Jr. ADDRESS 1328 Gilpin Ave.

VS. 415.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 5A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (In this place) 3mos. 4days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert County
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN West Beach
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Hamilton (Last) Brady

4. DATE OF DEATH (Month) November (Day) 4 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	4-21-1884	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Carpenter		Maryland	USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Unknown	Unknown	Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Acute Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Coronary sclerosis

DUE TO (c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Geo. L. McKellar M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑ — DATE SIGNED Nov. 4 53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/9/53	Mt Harmony	Ft Owings, Calvert Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 5, 1953	Grace E. Hutchins Victor E. Harris M.D.	Wm. H. Hutchins	Owings Md

NO.

BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10758

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —
LENGTH OF STAY (in this place) 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Augusta Home in Silver

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville
STREET ADDRESS (If rural, give location) R. Fort [illegible]

3. NAME OF DECEASED (Type or Print): (First) Augusta (Middle) (Last) Brandon

4. DATE OF DEATH: (Month) 11 (Day) 13 (Year) 1953

5. SEX F | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday 72 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Washington D.C. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Marion Yates | 14. MOTHER'S MAIDEN NAME Lucinda Watson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Hazel Rhoads

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	1 da
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension Cardio-Vascular Renal Disease	10 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-21, 1953, to 11-13, 1953, that I last saw the deceased alive on 11-12, 1953, and that death occurred at 12.30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wilmer K. Gallagher	M.D	Catonsville 28, Md.	11-13-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-15-53	Old Ox Road	Fairfax Co. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-13-53	V.E. Barry	P. Dawson Clagett	Ashton, Md.

As of 1-14-54 [illegible]

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
LENGTH OF STAY (in this place): 60YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 314 MELVIN DRIVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MD — COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
STREET ADDRESS (If rural, give location): 3 14 MELVIN DRIVE

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
CLARA		BROOKS	11/22/53 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS Hours / Min.
F	C	WIDOWED	9/10/1886	67 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE	DOMESTIC	HOWARD COUNTY MD.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
JOHN BROOKS	MARY JACKSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.). (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO / NO	NONE	EMMA HARRIS(D)3 14 MELVIN DRIVE CATONSVILLE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

174X

Immediate cause (a) Carcinoma of Uterus (6) — INTERVAL BETWEEN ONSET AND DEATH: 6 months

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑
—		

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 11-4-, 1953 to 11-22-, 1953, that I last saw the deceased alive on 11-22-, 1953, and that death occurred at 1.30 A.M., from the causes and on the date stated above.

SIGNATURE: C. F. Maloney — (DEGREE OR TITLE) M.D. — ADDRESS: 57 Winterbourne Catonsville — DATE SIGNED: 11/22/53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	11/26/53	BLACKSTONE CEM.	ELKRIDGE, MD.

DATE REC'D BY LOCAL REG.: NOV 25 1953 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: CHARLES G. COOPER — ADDRESS: 512 CARROLLTON AV.

Charles G. Cooper

A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]60

CERTIFICATE OF DEATH

Reg. Dist. No. ..

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn X
MARYLAND LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5220 Gwynndale Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn X
STREET ADDRESS (If rural give location): 5220 Gwynndale Ave.

3. NAME OF DECEASED (Type or Print): (First) BERTHA (Middle) I. (Last) BRYAN

4. DATE OF DEATH: (Month) Nov. (Day) 3 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct. 25, 1901

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: 5¢ & 10¢ store

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John T. Bagent

14. MOTHER'S MAIDEN NAME: Bettie M. Bagent

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): -
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Howard B. Bryan - 5220 Gwynndale Ave.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153 x

Immediate cause (a) Cerebral thrombosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Carcinoma of sigmoid

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bilateral staphloma kidney stone

19a. DATE OF OPERATION: 10/15/53

19b. MAJOR FINDINGS OF OPERATION: see above

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, to 11/2, 1953 that I last saw the deceased alive on 11/2, 1953, and that death occurred at 4:30 AM. 11/3/53 from the causes and on the date stated above.

SIGNATURE (Degree or title): Leonie Wilson MD. ADDRESS: 5224 Gwynndale DATE SIGNED: 11/3/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11/5/53
NAME OF CEMETERY OR CREMATORY: Lorraine Park Cem.
LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR: 11/4/53
REGISTRAR'S SIGNATURE: A.W. Kelch Date

24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto. 17, Md.

VS. A-1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 35-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Parkton
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Parkton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Thomas (Last) Bull.

4. DATE OF DEATH: (Month) November (Day) 20, (Year) 1953.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 1 1865

9. AGE last Birthday: 87 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Mail Carrier

10b. KIND OF BUSINESS OR INDUSTRY: Post Office

11. BIRTHPLACE (State or foreign country): Parkton, Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Emanuel Bull

14. MOTHER'S MAIDEN NAME: Martha J. Tyson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Clinton Kearney, Parkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
332X
Immediate cause (a) Cerebral thrombosis
DUE TO
Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to Nov. 20, 1953, that I last saw the deceased alive on Nov. 20, 1953, and that death occurred at 9:25 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) E. M. France M.D.
ADDRESS Parkton Md.
DATE SIGNED 11/21/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov 23 1953
NAME OF CEMETERY OR CREMATORY Wiseburg Cem.
LOCATION (City, town, or county) White Hall, Balto. Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR Nov 22 1953
REGISTRAR'S SIGNATURE Edwin L. Preston
24. FUNERAL DIRECTOR Jacob Bortenstein
ADDRESS New Freedom, Pa.

RECEIVED
NOV 24 1953
BUREAU V. S.

Copy to OAO 11/24/53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10762

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
LENGTH OF STAY (in this place) 3½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Offutt Memorial Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Cockeysville
STREET ADDRESS (If rural, give location) York Rd.

3. NAME OF DECEASED: (Type or Print) (First) Pauline (Middle) Estelle (Last) Bumgarner

4. DATE OF DEATH: (Month) Nov (Day) 1 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 16 March 1876

9. AGE last birthday: 77 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: John McClees

14. MOTHER'S MAIDEN NAME: Sarah McRae

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service) —

17. INFORMANT & ADDRESS: Dr. Albert L. Bumgarner Monkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

33/X

Immediate cause (a) Cerebral Vascular Accident — Interval Between Onset and Death: 12 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Cerebral Arterial Sclerosis — 7 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 48, to Nov 1, 19 53, that I last saw the deceased alive on Nov 1, 19 53, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

SIGNATURE Walter T. Clees (DEGREE OR TITLE) M.D. ADDRESS Cockeysville Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 11/3/53

NAME OF CEMETERY OR CREMATORY: Western Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECD BY LOCAL REG. 11/2/53

REGISTRAR'S SIGNATURE H.W. Bechtold

24. FUNERAL DIRECTOR Wm. Cook Inc. ADDRESS 1217 N. Paul St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

63

Reg. Dist. No. 40

1. PLACE OF DEATH
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3714 Joppa Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton
STREET ADDRESS (If rural, give location) 3714 Joppa Rd

3. NAME OF DECEASED (Type or Print): (First) Irene (Middle) S. (Last) Burton

4. DATE OF DEATH: (Month) Nov (Day) 21 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Sept 12 1884

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: own. Home

11. BIRTHPLACE (State or foreign country): Balto Co Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James J. Shanklin

14. MOTHER'S MAIDEN NAME: Isabella Coulter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Paul Einsel 3714 Joppa Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary thrombosis — Interval between onset and death: 2 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive C.V.D.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19..., to Nov. 21, 1953, that I last saw the deceased alive on Nov. 15, 1953, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Rudd A. Gatti, M.D. — ADDRESS 8100 Harford Rd. — DATE SIGNED 11/23/53.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 11/25/53

NAME OF CEMETERY OR CREMATORY: Parkwood Cem

LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: 11-24-53

REGISTRAR'S SIGNATURE: H. McHammett

24. FUNERAL DIRECTOR / ADDRESS: Lansdale Funeral Home 7401 Belair Rd

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: BALTIMORE — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
LENGTH OF STAY (in this place): 24 days
HOSPITAL OR INSTITUTION, OR STREET ADDRESS: Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: PR. GEO. CNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LAUREL
STREET ADDRESS (If rural give location): 703 MAIN ST.

3. NAME OF DECEASED: (Type or Print) (First) BERTHA (Middle) BUTLER (Last)

4. DATE OF DEATH: (Month) (Day) (Year) 11-22-1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: Oct 18-1878

9. AGE last birthday: ~~74~~ 75 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): elem. School teacher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: CARLOS E. BUTLER

14. MOTHER'S MAIDEN NAME: AGNES Lehmann

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.):

(If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: John Butler, Philadelphia, Pa. 5021 WISSAHICKON AVE.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause: (a) Chr. Brain Syndrome c senile brain disease

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Brain metastasis
DUE TO (c) Malignant abdominal tumor

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-29-, 1953, to 11-22-, 1953 that I last saw the deceased alive on 11-22-, 1953 and that death occurred at 11:55 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): Raul E. Edwards MD — ADDRESS: Spring Grove Hospital — DATE SIGNED: 11-22-53

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE THEREOF: 11/25/53 — NAME OF CEMETERY OR CREMATORY: Ivy Hill Cemetery — LOCATION (City, town, or county) (State): Laurel, Maryland

DATE REC'D BY LOCAL REGISTRAR: NOV 25-53 — REGISTRAR'S SIGNATURE: Victor E. Harry

24. FUNERAL DIRECTOR — ADDRESS: Wm. Wirt Donaldson, Laurel, Md.

VS. 1

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 35 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Caton Ridge Nursing Home Harlem Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 14

STREET ADDRESS (If rural, give location) 2144 W. Vine Street

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) O. (Last) CARTER

4. DATE OF DEATH: (Month) (Day) (Year) November 9, 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	Widowed	Aug. 1, 1872	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Ret. Painter		Pikesville, Maryland	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William C. Carter	Rachel Peacock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no --		William C. Carter, Spring Grove Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 331X

Immediate cause (a) Arterio Sclerosis Generalized — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cerebral Vascular Accident old — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Mal nutrition

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑
None		

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Oct, 1953, to 9 Nov, 1953, that I last saw the deceased alive on 7 Nov, 1953 and that death occurred at 11:20P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Geo. Smith M.D. 1707 Edmondson Ave. Catonsville 28 Md 10 Nov 53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	11/12/53	Lorraine Cemetery	Woodlawn, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-12 53	C W Redmond	Wm. Cook Inc.,	1217 St. Paul Street

JST

VS A15 (Rev. 1951)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 66

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY T
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) WARREN (Middle) W. (Last) CARVER

4. DATE OF DEATH: (Month) November (Day) 12 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-17-88

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Shipyard

11. BIRTHPLACE (State or foreign country): Oxford, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Carver

14. MOTHER'S MAIDEN NAME: Harriett J. Potter

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: 218-16-7985

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) HYPERTENSIVE CARDIOVASCULAR DISEASE — Interval Between Onset And Death: UNKNOWN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) CEREBRAL ARTERIOSCLEROSIS — UNKNOWN
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1 ..., 19 53., to Nov. 12 ..., 1953..., and that death occurred at 4:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

FRANCIS G. DICKEY, M. D., Chief, Medical Service, VAH, Fort Howard, Md. 11-12-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORY Oxford Cemetery

LOCATION (City, town, or county) Oxford, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 11-12-53

REGISTRAR'S SIGNATURE. a w Hedrick

24. FUNERAL DIRECTOR Ellis Clarke Funeral Home, Easton, Md. ADDRESS

VS. 116

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10763 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oella — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Oella Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oella
STREET ADDRESS (If rural give location): Oella Avenue

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) DAVID (Last) CAVEY

4. DATE OF DEATH: (Month) November (Day) 17, (Year) 19 53.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: October 26, 1870.

9. AGE last birthday: 83 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Car Inspector

10b. KIND OF BUSINESS OR INDUSTRY: Baltimore Transit Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John D. Cavey

14. MOTHER'S MAIDEN NAME: Elizabeth Lowman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-09-9331

17. INFORMANT & ADDRESS: Mr. Upton Cavey, Oella, Maryland.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: Immediate

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerotic Cardio-Vascular Disease — Interval Between Onset And Death: 3 years

DUE TO

(c) —

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4, 1949, to Nov. 17, 1953, that I last saw the deceased alive on Nov. 16, 1953, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE: William A. Lowman (Degree or title) M.D. — ADDRESS: Ellicott City, Md — DATE SIGNED: 17 Nov. 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 19, 1953. — NAME OF CEMETERY OR CREMATORY: St. John's Cemetery — LOCATION (City, town, or county) (State): Ellicott City, Md.

DATE REC'D BY LOCAL REGISTRAR: 11/18/53 — REGISTRAR'S SIGNATURE: V. E. Harry — 24. FUNERAL DIRECTOR: Easton Sons — ADDRESS: Catonsville 28, Md.

VS. 416

RECEIVED
19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]68

CERTIFICATE OF DEATH

Reg. Dist. No. ..

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Balto. | MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Randallstown X | LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Stoneybrook Rd. X

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Balto.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Randallstown X

STREET ADDRESS (If rural give location) Stoneybrook Rd.

3. NAME OF DECEASED: (Type or Print) (First) GERTRUDE (Middle) LOUISE (Last) CHALMERS

4. DATE OF DEATH: (Month) Nov. (Day) 3 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Jan. 25, 1883

9. AGE last birthday: 70 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David G. Butterfield

14. MOTHER'S MAIDEN NAME: Alice Phillips

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Harry O. Humbert-StoneybrookRd. Randallstown, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
157X Immediate cause	(a) CARCINOMA PANCREAS & METAT. TO LIVER	1½ YRS
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) HYPERTENSIVE C.V. DISEASE	5 YEARS
	DUE TO (c) CONGESTIVE HEART FAILURE	6 WEEKS
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	X	
19a. DATE OF OPERATION: X	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) X | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) X | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) X m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? X

22. I hereby certify that I attended the deceased from JUNE ..., 1951.., to NOV. 3, 19 53, that I last saw the deceased alive on NOV. 3 1953 and that death occurred at 11 AM:., from the causes and on the date stated above.

SIGNATURE Thomas E. Wheeler (Degree or title) MD ADDRESS Randallstown Md DATE SIGNED 11-3-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 11/6/53 | NAME OF CEMETERY OR CREMATORY Loudon Park Cem. | LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 11/4/53 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto. 17, Md.

VS. A15

Film#G159 Item# 7 11/13/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7612 Daniels Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
STREET ADDRESS (If rural give location): 7612 Daniels Ave

3. NAME OF DECEASED: (First) Richard (Middle) L. (Last) Chambers

4. DATE OF DEATH: (Month) Nov. (Day) 5, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced

8. DATE OF BIRTH: 1/18, 1863

9. AGE last birthday: 90 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Statistician

10b. KIND OF BUSINESS OR INDUSTRY: Cencus Bureau

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William M. Chambers

14. MOTHER'S MAIDEN NAME: Ellen M. Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr. Milton Chambers, 7612 Daniels Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Senility — DUE TO

(c)

Interval Between Onset And Death: 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1951, to Nov 5, 1953, that I last saw the deceased alive on 11-5, 1953, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE: L. L. Gordy (Degree or title) — ADDRESS: 5106 Harford Rd Baltimore Md — DATE SIGNED: 11-6-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/7/'53 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet — LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REGISTRAR: 11/6/53 — REGISTRAR'S SIGNATURE: D. W. Hedrick

24. FUNERAL DIRECTOR: Leonard J. Luck — ADDRESS: 5305 Harford Road-14

Done

VS. 215

Dr. Gordy
5106 -

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (10731)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edmondale
LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5310 Channing Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edmondale
STREET ADDRESS (If rural give location) 5310 Channing Rd.

3. NAME OF DECEASED: (Type or Print) (First) Attilia (Middle) B. (Last) Chaney

4. DATE OF DEATH: (Month) Nov (Day) 24 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 8/23/1886

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House wife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Raith

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. William E. Chaney 2106 Callow Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 350 X (a) Parkinsons Disease DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 2-3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1952, 19.., to 11/24, 1953 that I last saw the deceased alive on 11/24, 1953, and that death occurred at 7 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Edward D. Collins M.D. 4300 Liberty Hts Ave 11/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 11/27/53 | NAME OF CEMETERY OR CREMATORY London Park Cem | LOCATION (City, town, or county) (State) 3801 Frederick Ave

DATE REC'D BY LOCAL REGISTRAR 11-25-53 | REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR John J. Cowen & Son ADDRESS Hollins St.

VS. 6-15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10771

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TOWSON
LENGTH OF STAY (in this place): 24 yr 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: [illegible] & ENOCH PRATT HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D.C. — COUNTY: V-4
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 4962 Quebec St., N.W.

3. NAME OF DECEASED: (First) Augustus (Middle) Frisbie (Last) Cleveland
4. DATE OF DEATH: (Month) Nov (Day) 26 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M	White	W. dowd	Sept 19, 1874	79 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Executive	Am. Assoc RR.	Illinois	U.S.A.

13. FATHER'S NAME: Josia Fracis Cleveland
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Frisbie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S ADDRESS
No		HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Coronary Thrombosis
DUE TO (c) Chronic myocarditis
DUE TO Generalized arteriosclerosis

Interval Between Onset And Death: Term — 24 yr +

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Brain syndrome due to Cerebral arteriosclerosis

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 31, 1951, to Nov 26, 1953, that I last saw the deceased alive on Nov 25, 1953, and that death occurred at 7 A.M., from the causes and on the date stated above.

SIGNATURE: W.H. Elgin (Degree or title) M.D. — ADDRESS: Towson, Md — DATE SIGNED: 11/26/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/28/53	Ft. Lincoln Cem.	Prince George Co., Md.

DATE REC'D BY LOCAL REGISTRAR: 11-27-53 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: Wm. J. Dickner & Sons — ADDRESS: Balto 17, Md.

VS. A15 7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Armacost Nursing Home Register and Sherwood Avenues

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 7407 York Road

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) WILLIAM (Last) COOK

4. DATE OF DEATH: (Month) November (Day) 22, (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 8, 1877

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Butcher

10b. KIND OF BUSINESS OR INDUSTRY: Kingan Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ---

14. MOTHER'S MAIDEN NAME: Marie --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yrs, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: William A. Cook, 119 Lapaix Lane, Towson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Carcinoma of Ut. lung with metastases. DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO —

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Aug 12, 1953, to Nov 22 1953, that I last saw the deceased alive on Nov 22, 1953 and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Wm Lucas Bryce M D 3033 W Lexington St Balto 16 11/23/53

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE THEREOF 11/25/53 — NAME OF CEMETERY OR CREMATORY: Moreland Park Cemetery — LOCATION (City, town, or county) (State): Parkville, Maryland

DATE REC'D BY LOCAL REG. 11-25-53 — REGISTRAR'S SIGNATURE: W W Hedrick — **24. FUNERAL DIRECTOR** ADDRESS: Wm. Cook, Inc., 1217 St. Paul Street

NS

Film#G159 Item# 14 11/30/53 rp

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10773

Reg. Dist. No. 31

1. PLACE OF DEATH:
County: Baltimore
City or town: Not in town
(If outside city or town limits write RURAL and give nearest town)
How long in above place of death? 2 wks
Hospital, institution, or street address where death occurred: 3518 Kelox Rd - 7
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Woodlawn
(If outside city or town limits write RURAL and give nearest town)
Street No.: 3518 Kelox Road - 7
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: BERTHA SCHALITZKY COOLEY

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: John Cooley
6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): January 25th 1880

8. AGE: Years: 73 | Months | Days | If less than one day: hrs. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Andrew Schalitzky
13. Birthplace

MOTHER
14. Maiden name: Margaret unknown
15. Birthplace

16. Informant: Mr. James Cooley
Address: 3518 Kelox Rd. Balto. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 12-2 (month) (day) (year)
Cemetery or crematory: Woodlawn
Location: Woodlawn, Md.

18. Funeral director: Ellsworth Armacost
Address: 4600 Liberty Hghts. Ave.

19. 11-27 (Date rec'd by registrar) 1953 [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 23 1953 at 1 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ... 19... to ... 19...
and that I last saw her alive on September 19 53

Immediate cause of death	DURATION
Coronary Occlusion	
Due to: Hypertension Cardiovascular Disease	
Due to: 443X	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: — Date of op

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Milard Fraker M.D. or other
Address: 516 Eutaw Pl. Balto. Md. Date signed: 11-27-53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ink correction is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

V 15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn X
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2002 Mosby Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural, give location) 2002 Mosby Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
CHARLES	B.	CORRON	Nov. 25th., 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Widowed	Mar. 27th 1879	74 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Carpenter	General	Virginia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George S. Corron	Frances Grubbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Mrs. Lee Basford 2002 Mosby Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
42.1 Immediate cause	(a) Cardiovascular disease	about 18 mi.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	?
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 1953, to Nov 25, 1953, that I last saw the deceased alive on Nov 21, 1953, and that death occurred at 5 A.M. m., from the causes and on the date stated above.

SIGNATURE Hallie Tribbitt (Degree or title) ADDRESS 2220 Garrison Blvd. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Mar. 29 1953	Lorriane Cemetery	Woodlawn, Balto Co	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-27 53	C W Adams	Willis Lamoreau	4510 Liberty Heights Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10775

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

1

VS. 415

1. PLACE OF DEATH:
COUNTY BALTIMORE - MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE, Md
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ST. MARY'S
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PINEY POINT
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) FREDRICK (Middle) (Last) COURT

4. DATE OF DEATH: (Month) 11 (Day) 22 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 11-4-1883

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months — Days 18 | IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Labor foreman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: EDWARD M. COURT

14. MOTHER'S MAIDEN NAME: JULIA ANN

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Vera Court - PINEY PT. Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cerebrovascular accident

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) hypertensive cardiovascular disease

DUE TO

(c) Generalized arteriosclerosis

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-10-, 1953, to 11-22-, 1953 that I last saw the deceased alive on 11-22-, 1953 and that death occurred at 10:15 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) Harold E. Edwards MD

ADDRESS Spring Grove State Hospital

DATE SIGNED 11-22-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Nov. 25, 1953

NAME OF CEMETERY OR CREMATORY Poplar Hill

LOCATION (City, town, or county) (State) Valley Lee Md

DATE REC'D BY LOCAL REGISTRAR 11-22-53

REGISTRAR'S SIGNATURE T. E. Harry

24. FUNERAL DIRECTOR Jos. C. Mattingley

ADDRESS Leonardtown Md

REAU V. S.

0776

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 4

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk, rr | LENGTH OF STAY (in this place) 9 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 114 Barberry Ct. Day Village - Inmate

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Mason (Middle) (MANSON) (Last) Coy (Type or Print)

4. DATE OF DEATH (Month) Nov (Day) 23 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Col.	Divorced	Mar 17/1892	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	retired.	Meherrin Va	U.S.A.

13. FATHER'S NAME: Solomon Coy
14. MOTHER'S MAIDEN NAME: Marish ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Bernice Lloyd (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary occlusion	Indefinite
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cardio Pesonlar Disease	6 yrs 10 yrs.
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF DEATH 11-23-53 12 M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE W. McCarmine M.D. M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ~~ASSISTANT MEDICAL EXAM.~~ DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-27-53	Mt. Calvary Cem.	Balto. County Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-24-53	C W Fedrick ST	Joseph S. Locke	1304 N. Central Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 5A - 5 - 53

Film#G159 Item# 2 11/24/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 40

1 PLACE OF DEATH:
COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
MARYLAND LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) unknown Catonsville Rt. 1 Box 03X
STREET ADDRESS (If rural give location) Veterans Adm. House in the Pines

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) C. (Last) Craig

4. DATE OF DEATH: (Month) Nov. (Day) 14 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: June 16, 1882

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Hotel

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) World War 1

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Veterans Administration - Balto., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 1 hr.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive Arteriosclerotic Disease — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1953, to Nov. 14, 1953, that I last saw the deceased alive on Nov. 14, 1953, and that death occurred at 4.30 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Nelson K. Gallagher M.D.
ADDRESS Catonsville 28, Md.
DATE SIGNED 11-17-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/19/53
NAME OF CEMETERY OR CREMATORY Balto. National Cem.
LOCATION (City, town, or county) (State) Balto., Md.

DATE RECD BY LOCAL REGISTRAR 11/18/53
REGISTRAR'S SIGNATURE H. W. Hedrick Deputy

24. FUNERAL DIRECTOR Wm. J. Pickner & Sons
ADDRESS Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10778

CERTIFICATE OF DEATH

Balto. Co.

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: 400 S.Taylor Ave. (Essex)
COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: 400 S.Taylor Ave. (Essex)
STATE Md. Balto. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
STREET ADDRESS (If rural give location): 400 S.Taylor Ave. (Essex) 21

3. NAME OF DECEASED: (First) Edward (Middle) A. (Last) Curran
(Type or Print)

4. DATE OF DEATH: (Month) Nov. (Day) 24/53 (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Nov. 27, 1891

9. AGE last birthday: 61 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Beth. Steel Corp.

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Curran

14. MOTHER'S MAIDEN NAME: Margaret Mccloughlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-09-1039

17. INFORMANT & ADDRESS: Wm. Curran 3528 E. Fairmount Ave. Balto. Md. 24

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Acute Pulmonary edema DUE TO	1 wk.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Left + Rt. heart strain DUE TO	3 mos.
	(c) Carcinoma of liver	1 yr.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	—	

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 6, 1953, to Nov. 24, 1953, that I last saw the deceased alive on Nov. 24, 1953, and that death occurred at 3 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Blatt, MD. ADDRESS 434 Easton Ave Esq, Md. DATE SIGNED 11/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Nov. 27/53

NAME OF CEMETERY OR CREMATORY St. Stanislaus Cem.

LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 11-24-53

REGISTRAR'S SIGNATURE W W Hyginus

24. FUNERAL DIRECTOR Philip Henry Sons

ADDRESS 2024 Orleans St. 31

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1077?

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltim ore MARYL[illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (In this place) 46 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7114 Sollers Point Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. Baltimore COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 7114 Sollers Point Rd.

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) - - (Last) CYZYK

4. DATE OF DEATH (Month) (Day) (Year): Nov. 6. 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Apr. 22. 1888

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: -- -

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Adam Siewicki

14. MOTHER'S MAIDEN NAME: Mary Zaleski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr. George Cyzyk (Husband) 7114 Sollers Point Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) HYPERTENSIVE C. V. DISEASE — Interval between onset and death: 2 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 4, 1953, to Nov 6, 1953, that I last saw the deceased alive on Nov 6, 1953, and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J Stephen C. Mackenzie M D. 6714 Holland Ave Baltimore 22 Md. 11/7/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Nov. 9. 1953
NAME OF CEMETERY OR CREMATORY: Christ Ev. Luth. Ch. Cem.
LOCATION (City, town, or county) (State): Baltimore County Md.

DATE REC'D BY LOCAL REG.: 11-9-53
REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: HENRY SANDER & SONS. INC.
ADDRESS: Baltimore Md.
[signature]

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10780

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Catonsville 28
LENGTH OF STAY (in this place): 29yrs10mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Baltimore
STATE: Maryland — COUNTY: City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 1004 Upnor Road

3. NAME OF DECEASED: (First) Salvatore (Middle) E. (Last) D'ANGELO
4. DATE OF DEATH: (Month) Nov. (Day) 15, (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Widowed	Sept. 25, 1883	70 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): PROP. Shoemaker
10b. KIND OF BUSINESS OR INDUSTRY: SHOE REPAIR
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Salvator Emmanuel D'Angelo
14. MOTHER'S MAIDEN NAME: Adeline Maggio

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Son
Records Speing Grove State Hospital and

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
4 20.1 Immediate cause	(a) Pericardial tamponade	immediate
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Infarctive cardiac rupture	immediate
DUE TO		
	(c) Arteriosclerotic coronary occlusion	unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic cardiac hypertrophy and dilatation . years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/1/52, to 11/15/53, that I last saw the deceased alive on 11/15, 1953 and that death occurred at 8:45 AM, from the causes and on the date stated above.
SIGNATURE (Degree or Title): Henry E. Darby M.D.
ADDRESS: Spring Grove State Hospital
DATE SIGNED: 11/15/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11-17-53
NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem.
LOCATION (City, town, or county): Balto. (State): Md.

DATE REC'D BY LOCAL REGISTRAR: 11-16-53
REGISTRAR'S SIGNATURE: C.E. Harley
24. FUNERAL DIRECTOR: George A. Fuley - Catonsville, Md.
ADDRESS

VS. 215

RECEIVED
NOV 1 1 03
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 116

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 3yrs. 5mo. 2days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Alton (Middle) A. (Last) Davis
4. DATE OF DEATH: (Month) November (Day) 17, (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	3-18-1886	67 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Electrician		Virginia	USA

13. FATHER'S NAME: Arthur Davis
14. MOTHER'S MAIDEN NAME: Sally D. Caton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS
Unknown	Unknown	Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.0
Immediate cause (a) Cardiac failure — [illegible]

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — Years
DUE TO (c) Generalized arteriosclerosis — Years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-9-, 1953, to 11-17-, 1953, that I last saw the deceased alive on 11-16-, 1953, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ethel B. Hen mann-Brew mo — ADDRESS Spring Grove State Hospital Catonsville 28 Maryland — DATE SIGNED 11-17-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11/20/53 — NAME OF CEMETERY OR CREMATORY Fort Lincoln — LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 11-17-53 — REGISTRAR'S SIGNATURE V.E. Barr

24. FUNERAL DIRECTOR James T. Ryan Inc. — ADDRESS 317 Pennsylvania Ave. Washington D.C.

EU
3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 116

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 34 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 2704 Christopher Avenue

3. NAME OF DECEASED (Type or Print): (First) JESSIE (Middle) LEE (Last) DE BAUGH

4. DATE OF DEATH: (Month) November (Day) 16 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3-14-82

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Towson, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Phil DeBaugh (Phillip DeBaugh)

14. MOTHER'S MAIDEN NAME: ~~Unknown~~ Mary Flarity

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes ✓ (If Yes, give war or dates of service): 11-22-99 to 11-23-02

16. SOCIAL SECURITY NO.: 213-01-3492

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

15cx

Immediate cause (a) CARCINOMA OF THE ESOPHAGUS WITH METASTASIS — Interval Between Onset And Death: 7 months plus

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-6-53

19b. MAJOR FINDINGS OF OPERATION: Gastrostomy 10-29-53 Esophagoscopy

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 13, 1953, to Nov. 16, 1953, [illegible] and that death occurred at 9:00 A.M., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title)

ADDRESS: JOSEPH M. MILLER, M. D., Chief, Surgical Service, VAH, Fort Howard, Md.

DATE SIGNED: 11-16-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 11-19-1953

NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 11/19/53

REGISTRAR'S SIGNATURE: Adj. Deduct

24. FUNERAL DIRECTOR: Leonard J. Ruck Funeral Home

ADDRESS: 5305 Harford Road, Baltimore, Maryland

Film#G159 Item#1,2,13,14 11/25/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10783

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS/ A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 618 Wampler Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural, give location) 618 Wampler Rd

3. NAME OF DECEASED (Type or Print): (First) John (Middle) C (Last) Debring

4. DATE OF DEATH: (Month) Nov (Day) 8 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: Feb 4-1883

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): janitor

10b. KIND OF BUSINESS OR INDUSTRY: G L martin Co

11. BIRTHPLACE (State or foreign country): Balto Co Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: Henrietta unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-01-6441

17. INFORMANT AND ADDRESS: Mrs John C Debring 618 Wampler Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151X Immediate cause (a) Cardiac arrest

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerotic cardiovascular disease — 10 yrs
(c) Carcinoma stomach — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to Nov, 1953, that I last saw the deceased alive on Nov 8, 1953, and that death occurred at 2:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Louis Lemmerhirt MD 1437 Fredayne Rd Balto 20, Md 11/9/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 11/11/53 | NAME OF CEMETERY OR CREMATORY Zion Luth Cem | LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. Nov 9-1953 | REGISTRAR'S SIGNATURE Edith Hurley | 24. FUNERAL DIRECTOR ADDRESS Lansdale Funeral Home 7401 Belair Rd

Nov. 13, 1953 (R)

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NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 33

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boring X
LENGTH OF STAY (in this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Hanover Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Boring X
STREET ADDRESS (If rural, give location) Old Hanover Rd.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)
Laura Jane Clark Diggs	Nov. 22 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Colored	Widowed	March 3, 1850	103 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore County	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	None	Mrs. Edna Austin, 316 Laurence St. Baltimore 17, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary Occlusion	unknown
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
none	none	Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
none	none	none

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
none M.		none

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. D. Caples, Deputy Med. Exam. M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-23-53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 25, 1953	Gough Cemetery	Cuba, Baltimore Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
11-23-53	Mary B. Eline.	Gibson Funeral Home 1735 Druid Hill Ave Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 5A - 5 - 53

BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10785

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings Mills X
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hillcrest Heights
STREET ADDRESS (If rural give location) 2579 Iverson Street

3. NAME OF DECEASED: (Type or Print) (First) Anthony (Middle) Joseph (Last) Dinell

4. DATE OF DEATH: (Month) 11 (Day) 19 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-12-52

9. AGE Last birthday: 1 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Cambridge, England

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Quito Joseph Dinell

14. MOTHER'S MAIDEN NAME: Leota Ann Rudder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Rosewood records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Status Epilepticus — Interval Between Onset And Death: ½ day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hydrocephalus with Symptomatic Epilepsy — since birth

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 19, 1953, to Nov. 19, 1953, that I last saw the deceased alive on Nov. 19, 1953, and that death occurred at 9:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Harry G. Butler M.D. — ADDRESS Owings Mills, Md. — DATE SIGNED 11-19-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov. 21/53 — NAME OF CEMETERY OR CREMATORY St Joseph Cem — LOCATION (City, town, or county) (State) Coraopolis Allegheny Co. Pa.

DATE REC'D BY LOCAL REGISTRAR 11-20-53 — REGISTRAR'S SIGNATURE Gary B. Elina.

24. FUNERAL DIRECTOR J. F. Elene Sons Restauton Md — ADDRESS

VS. 11

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BUREAU V. S.

86

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 5A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Randallstown
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Parran Shaft, Liberty Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Kilmarnock
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) WALTER (Middle) L. (Last) DIXON
4. DATE OF DEATH (Month) Nov. (Day) 19 (Year) 19 53
5. SEX: Male
6. COLOR OR RACE: White
7. ~~(SINGLE) MARRIED, WIDOWED, DIVORCED~~, (Specify): SINGLE
8. DATE OF BIRTH: UNKOWN
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: L. RICHARD DIXON
14. MOTHER'S MAIDEN NAME: CARRIE R. EVANS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: ELMORE + HAYNIE FUN'L HOME KILMARNOCK, VA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

795.5
Immediate cause (a) Undetermined cause of death
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☒.

SIGNATURE Joseph A. Jachimczyk Jos. A. Jachimczyk M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 11/30/53

23. ~~(BURIAL, CREMATION, REMOVAL~~ (Specify): BURIAL
DATE THEREOF Dec. 4, 1953
NAME OF CEMETERY OR CREMATORY MORATTIO CHURCH CEM.
LOCATION (City, town, or county) KILMARNOCK, (State) VIRGINIA
DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR AND ADDRESS J.O. Mitchell & Son Inc. 1900 Eutaw Place

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 3 — 87

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTO — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 517 PICADILLY RD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD — COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
STREET ADDRESS (If rural give location) 517 PICADILLY RD

3. NAME OF DECEASED: (Type or Print) (First) CAROL (Middle) ANN (Last) DOUTHIRT

4. DATE OF DEATH: (Month) 11 (Day) 28 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: JULY 8, 1952

9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTO, MD

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: JOHN F. DOUTHIRT III

14. MOTHER'S MAIDEN NAME: DOLORES M. JENKINS

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: JOHN F. DOUTHIRT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.+ Immediate cause (a) Congenital Heart Disease. DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: Present during entire life.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1952, to Nov. 28, 1953, that I last saw the deceased alive on Nov. 25, 1953, and that death occurred at 7:40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) V. Terry Burgan M.D. ADDRESS 3301 N. Charles St Baltimore 18 md DATE SIGNED 11-29-53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 11-30-1953 — NAME OF CEMETERY OR CREMATORY DRUID RIDGE — LOCATION (City, town, or county) PIKESVILLE (State) MD

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR H.W. JENKINS & SONS CO. ADDRESS 4905 YORK RD. BALTO. 12, MD.

VS. 10

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 88-57

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Balto. MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville. | LENGTH OF STAY (in this place) 4 1/4 yr.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Offutt Memorial Home 60

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Md.

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
William	HARVEY	Doyle	Nov.	4	19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	MARRIED	JAN. 12, 1875	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Accountant		Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John B. Doyle	MARY Francis Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Mrs. Atherton Clark Clob Rd. Ruxton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause 331 X	(a) Terminal Bronchopneumonia	2 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cerebral Hemorrhage	4 Days
	DUE TO (c) Recent Cerebral hemorrhage Arteriosclerosis	3 yrs ?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 3, 1953 to 11/3, 1953, that I last saw the deceased alive on 11/3, 1953, and that death occurred at 4:10 A m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Burnett A. Olsen	MD	Cockeysville	11/4/53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 6-1953	Greenmount	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/5/53	Dr. Hedrick	Wm Cook Inc.	1217 St Paul St

VSA15 2-51

Item #9, Film G159-12/4/53,mnb

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rogers Forge — LENGTH OF STAY (in this place): 1 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6835 Glenheim Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rogers Forge
STREET ADDRESS (If rural, give location): 6835 Glenheim Road Baltimore 12

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) Joseph (Last) Duggins
4. DATE OF DEATH: (Month) Nov (Day) 26 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 20-1898
9. AGE last birthday: 55 yrs. 5/4 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Amos Duggins
14. MOTHER'S (MAIDEN) NAME: Ada V. Yeager
15a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W.I
16. SOCIAL SECURITY NO.: 705-05-3566
17. INFORMANT: Mrs. Estera Duggins - 6835 Glenheim Road

18. MEDICAL CERTIFICATION

		Interval Between Onset and Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
429.1 Immediate cause	(a) Heart disease, vascular, coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-vascular heart disease	4 yrs +
	(c) Coronary Thrombosis	1950)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Rollin C. Hudson (Degree or title) MD ADDRESS: PME: Towson Md DATE SIGNED: 11/26/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 30-1953 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: November 28. 1953 — REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: Burgee Funeral Home 3631 — ADDRESS: Falls Road
Horace F. Burgee

A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. (91)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. ..... of .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Dundalk 22 | LENGTH OF STAY (in this place) 8
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8026 Norris Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) James (Last) Dutton
4. DATE OF DEATH (Month) Nov (Day) 22 (Year) 1953

5. SEX: Male | 6. COLOR OR RACE: Col. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: Mar 17/1888 | 9. AGE last birthday: 65 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Iron | 10b. KIND OF BUSINESS OR INDUSTRY: Retired. | 11. BIRTHPLACE (State or foreign country): Salisbury Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Dutton. | 14. MOTHER'S MAIDEN NAME: Charlotte

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Emily Dutton (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary occlusion - DUE TO | Minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Carcinoma Pancreas DUE TO | 4 yrs.
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 11-22-53 4 P.M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. McCarmine M.D. M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ~~ASSISTANT MEDICAL EXAM.~~ DATE SIGNED 11/22/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 11/25/53 | NAME OF CEMETERY OR CREMATORY Arbutus Mem. Park | LOCATION (City, town, or county) (State) Baltimore

DATE REC'D BY LOCAL REG. 11-25-53 | REGISTRAR'S SIGNATURE A W Hedrick | 24. FUNERAL DIRECTOR ADDRESS Elroy O. Wilson 1000 Brantley Ave

VS. A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10791

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard

LENGTH OF STAY (in this place): 12 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 3210 Taylor Avenue

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
HARRY	J.	ECKHOFF	November 29 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	5-6-88	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Civil service worker (retired)		Baltimore, Maryland	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John P. Eckhoff	Anna Margaret Henrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WW I	Unknown	Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) RUPTURED URETHRA	9 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) BLEEDING PEPTIC ULCER	3 days
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. ACUTE RENAL SUPPRESSION WITH UREMIA — 3 days

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
11-20-53	Suprapubic cystostomy and retrograde catheterization of urethra	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Nov. 17, 1953, to Nov. 29 1953, and that death occurred at 11:35 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Michael H. Travers — MICHAEL H. TRAVERS, M.D., Chief, Professional Services, VAH, Fort Howard, Md. 11-30-5

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 3-1953	Baltimore Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
12-1-53		Howard J. Poole Funeral Home, 5305 Harford Road, Baltimore, Maryland

A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1079?

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arm X
LENGTH OF STAY (In this place) 19 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY (
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arm
STREET ADDRESS (If rural, give location) The Homestead

3. NAME OF DECEASED (Type or Print): (First) J. (Middle) Wabach (Last) Edelen
4. DATE OF DEATH: (Month) Nov (Day) 1 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male.	White	Widower	Dec 10 1875	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chairman of the Board	Stebbins Anderson	Charles Co Md	

13. FATHER'S NAME Benjamin M. Edelen.
14. MOTHER'S MAIDEN NAME Mary J. Gardener

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Wm B Edelen - Glen Arm Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
48?.!	
Immediate cause (a) Coronary Infarction	4 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Angina Pectoris	7 yrs.
(c) Coronary Sclerotic Heart Dis	10 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug 1, 1945, to Nov. 1, 1953, that I last saw the deceased alive on Nov. 1, 1953, and that death occurred at 3:24 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Clifford F. Hudson M.D.	Fork, Md.	11/2/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/3/53	Cathedral	Baltimore Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov-2-53	A.W. Hedrich dmr.	H.N. Meas & Son	8057 Calvert St

Film#G159 Item # 12 11/18/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (0)'93

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 104 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 1700 E. Baltimore Street

3. NAME OF DECEASED: (First) MAX (Middle) (NMI) (Last) EISMAN

4. DATE OF DEATH: (Month) November (Day) 9 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 3-5-98

9. AGE last birthday: 55 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Sign painter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Polland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Bertram Eisman

14. MOTHER'S MAIDEN NAME: Pearl (MN: Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153 X

Immediate cause (a) CARCINOMA OF THE SIGMOID COLON — Interval Between Onset And Death: UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 28, 19 53, to Nov. 9, 1953, and that death occurred at 4:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): FRANCIS G. DICKEY, M.D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MARYLAND — ADDRESS — DATE SIGNED: 11-9-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11-10-53 — NAME OF CEMETERY OR CREMATORY: Rosedale Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 11-10-53 — REGISTRAR'S SIGNATURE: E W Hedrick

24. FUNERAL DIRECTOR: Jack Lewis, Inc. — ADDRESS: 2100 Eutaw Place, Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30 21

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Catonsville, Md. — LENGTH OF STAY (in this place): 25 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Edmondson & Melvin Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Balto.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Catonsville, Md.

STREET ADDRESS (If rural give location): Edmondson & Melvin Aves.

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)
EDITH BLANCHE ELEY	Nov. 4. 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS: Hours	Min.
Female	White	Widow	Dec. 8, 1870	82 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Baltimore, Md.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles Wesley Wilson	Sarah D. B. Stier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		None	Mrs. Stier Exley Worrell, Edmondson & Melvin Aves. Catonsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Cerebral Embolus — Interval Between Onset And Death: 4 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Arteriosclerosis — 4 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
— m.		

22. I hereby certify that I attended the deceased from Feb. 1939, to Nov 4, 1953, that I last saw the deceased alive on Nov 3, 1953, and that death occurred at 1:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wetherbee Post - G Dutton Atz — ADDRESS: Catonsville Md. — DATE SIGNED: 11/5/53.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/7/53	St. Johns Lem.	Ellicott City, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-6-53	V E. Harry	Easton Sons -	608 Frederick Ave.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ... 95

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 28 yrs 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 169 Gloucester St.

3. NAME OF DECEASED: (Type or Print) (First) Polly (Middle) Clapp (Last) Emery

4. DATE OF DEATH: (Month) 11 (Day) 14 (Year) 19 53

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Feb 12, 1868

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): U S A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Calvin E. Pratt

14. MOTHER'S MAIDEN NAME: Susan T. Pratt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 1

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Records - Spring Grove Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardiovascular Disease

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Senility

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of right hip, healing

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-9 ..., 19 53, to 11. 14 ..., 19 53, that I last saw the deceased alive on 11-14 ..., 19 53, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

SIGNATURE Sara E. Bennett, M.D. (Degree or title) ADDRESS Spring Grove Hospital, Catonsville Md. DATE SIGNED 11-14-53

23. ~~BURIAL~~, CREMATION, ~~REMOVAL~~ (Specify) DATE THEREOF 11-16-53 NAME OF CEMETERY OR CREMATORY Ft Lincoln LOCATION (City, town or county) Wis Co (State) Md

DATE REC'D BY LOCAL REGISTRAR Nov. 16, 1953 REGISTRAR'S SIGNATURE Victor E. Harry

24. FUNERAL DIRECTOR John M. Tayla Sons ADDRESS Annapolis Md.

VS. 115

1903

BUREAU V. S.

Film#G159 Item# 14 11/24/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1

1. PLACE OF DEATH:
COUNTY Baltimore County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore-rural
LENGTH OF STAY (in this place) 14 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1010 Litchfied Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) 1010 Litchfield Rd

3. NAME OF DECEASED: (Type or Print) (First) Princess (Middle) Barbara (Last) Engalitcheff

4. DATE OF DEATH: (Month) Nov (Day) 16 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Dec 14 1872

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Moscow Russia

12. CITIZEN OF WHAT COUNTRY? Imperial Russia

13. FATHER'S NAME: Basil Nossoff

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Georges Rodzevitch Same

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

3307

Immediate cause (a) Subarachnoid hemorrhage DUE TO recurrent. — Interval Between Onset And Death: 9 days.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis - hypertension DUE TO — 10 yrs.

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 3, 1949, to Nov. 16, 1953, that I last saw the deceased alive on Nov. 16, 1953 and that death occurred at 9:50 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) C. Stevens Boyd M.D. ADDRESS 24 E. Eager St DATE SIGNED 11/16/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Nov 18/53 NAME OF CEMETERY OR CREMATORY Moreland Memorial LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REGISTRAR 11-17-53 REGISTRAR'S SIGNATURE A.W. Hedrick Deputy

24. FUNERAL DIRECTOR H.H. Jenkins Sons ADDRESS 4905 York Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. Ale

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 7974

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 1002 Dukeland Street

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) (NMI) (Last) ENGLISH

4. DATE OF DEATH: (Month) November (Day) 9 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-22-18

9. AGE last birthday: 35 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: Barton & Haywood Co.

11. BIRTHPLACE (State or foreign country): Lynchburg, South Carolina

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jesse English

14. MOTHER'S MAIDEN NAME: Celia Sadie Dunlap

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY No.: 219-20-8354

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) PULMONARY HEMORRHAGE — Interval Between Onset And Death: 2 WEEKS

DUE TO

Antecedent causes (b) MALIGNANT HYPERTENSION — 6 MONTHS
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-9-53

19b. MAJOR FINDINGS OF OPERATION: Tracheostomy

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Oct. 12, 1953, to Nov. 9, 1953, [redacted] and that death occurred at 5:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

FRANCIS G. DICKEY, M.D., Chief, Medical Service, VAH, Fort Howard, Md. 11-10-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/13/1953 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 11-12-53 — REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: Charles G. Cooper Funeral Home — ADDRESS: 512 N. Carrollton Avenue, Baltimore, Md.

Charles G Cooper

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 98

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. NAME OF DECEASED (Type or Print): Edwin John Espey

2. DATE OF DEATH: Nov. 7, 1953

3. PLACE OF DEATH
A. Baltimore City, Maryland 100 Locust Dr.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Co.
D. STREET ADDRESS (If rural, give location): 100 Locust Drive

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: April 26, 1935
9. AGE (In years last birthday): 18
If Under 1 Year: Months / Days
If under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edwin W. Espey
14. MOTHER'S MAIDEN NAME: Audrey Peale

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): ---
(If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: ----

17. INFORMANT ADDRESS: Audrey P. Espey-100 Locust Dr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cystic Fibrosis of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 18 yrs
DUE TO
ANTECEDENT CAUSES 587.2
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C) Interstitial Fibrosis of Both Lungs — 16 yrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. *I hereby certify that I attended the deceased from* Oct. 1943 *to* Nov. 7, 1953, *that I last saw the deceased alive on* Oct. 3, 1953 *and that death occurred at* 8:30 *a.m., from the causes and on the date stated above.*

23A. SIGNATURE: Earl L. Chambers M. D.
23B. ADDRESS: 4108 Liberty Hts Ave.
23C. DATE SIGNED: 11/7/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Nov. 9, 1953
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR: NOV 9 - 1953
REGISTRAR'S SIGNATURE: Hunting [illegible]
25. FUNERAL DIRECTOR ADDRESS: Ellsworth Arnaco

VS. A15

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especiportant. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 99

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 415 Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural give location) 415 Main Street

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Clayton (Last) Eyler

4. DATE OF DEATH: (Month) Nov. (Day) 27, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: April 4, 1875

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Bank president

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Frederick County

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Eyler

14. MOTHER'S MAIDEN NAME: Lydia Hampt

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Mollie Saffell Eyler, Reisterstown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) myocarditis + arteriosclerosis DUE TO

(c)

Interval Between Onset And Death: 1½ hr. several years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-1935 to 11-27-1953 that I last saw the deceased alive on 11-25-53, and that death occurred at 7:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) James G. Saffell M.D. ADDRESS Reisterstown Md DATE SIGNED 11-25-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Nov. 30, 1953 NAME OF CEMETERY OR CREMATORY Haugh's Luthern Cem. LOCATION (City, town, or county) (State) Frederick County, Md.

DATE REC'D BY LOCAL REGISTRAR 11-30-53 REGISTRAR'S SIGNATURE Mary B. Eline

24. FUNERAL DIRECTOR ADDRESS J.F. Eline & Sons, Reisterstown, Md.

VS. A-8

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 19[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Balto. MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 52 — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 33 Locust Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Balto.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 52

STREET ADDRESS (If rural, give location) 33 Locust Drive

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Katherine	C.	Farrell	11 - 16 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widow	June 2, 1872	81 yrs	5	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housekeeper	Home	Md.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Ferdinand LeBoy	Katherine Boly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
if no	—	James Farrell - 38 N Marley St. Balto.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.1

		Interval Between Onset and Death
Immediate cause	(a) Acute Cardiac Failure	1 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Myocardial degeneration	years
	DUE TO (c) Arteriosclerosis, Generalized	years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible] 19[illegible], to 11/16, 19 53, that I last saw the deceased alive on 11/10, 19 53, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

T. Williamson M.D. 3534 Edmondson Ave 11/18/53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-19-53	Cathedral Cem.	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-19-53	T. E. Harvey	George A. Farley - Catonsville, Md.	

3534

RECEIVED
NOV 23
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10801 4/

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7610 Old Battle Grove Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Bc
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk.
STREET ADDRESS (If rural give location) 7610 Old Battle Grove Road.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) L. (Last) Fraisher.

4. DATE OF DEATH: (Month) 11 (Day) 23 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 28, 1870

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Plumbing

11. BIRTHPLACE (State or foreign country): N. Y.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) – (If Yes, give war or dates of service) –

16. SOCIAL SECURITY NO.: –

17. INFORMANT & ADDRESS: Ethel A. Bremner 7610 Old Battle Grove Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Cerebral Hemmorhage	2 Hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hypertension	20 Years
	DUE TO (c) Arterio Sclerosis	20 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to Nov 23, 1953, that I last saw the deceased alive on Nov 23, 1953, and that death occurred at 7 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Morris G. Jacob M.D. ADDRESS 1010 North Point Rd DATE SIGNED 11/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal DATE THEREOF 11/24/53 NAME OF CEMETERY OR CREMATORY Richlawn LOCATION (City, town, or county) (State) Buffalo N. Y.

DATE REC'D BY LOCAL REGISTRAR 11-24-53 REGISTRAR'S SIGNATURE A C Frederick

24. FUNERAL DIRECTOR Paul C. Clemmett Jr. ADDRESS 3615-17 Chestnut Ave

VS. A15

Items 13 & 14, Film C160 12/4/53 fcy

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE: WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: BALTO. — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK (22) — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2 EASTSHIP Rd

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: S — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: M
STREET ADDRESS (If rural, give location): E

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) LOUIS (Last) FITZELL
4. DATE OF DEATH: (Month) 11 (Day) 22 (Year) 19 53

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: 5-20-1882
9. AGE last birthday: 71 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AGENT
10b. KIND OF BUSINESS OR INDUSTRY: INSURANCE
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W. Fitzell
14. MOTHER'S MAIDEN NAME: Lydia KRAUK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 215-09-1953
17. INFORMANT AND ADDRESS: MRS. PAUL GUNTER — SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1
Immediate cause (a) acute myocardial failure — 2 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerotic cardio-vascular — about 10 years
(c) disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN): (COUNTY): (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1945, to Nov 22, 1953, that I last saw the deceased alive on ....., 19....., and that death occurred at 9:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. Howard Burns M.D.
ADDRESS: 59 Dundalk Ave - Dundalk Md
DATE SIGNED: 11/23/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: 11-25-53
NAME OF CEMETERY OR CREMATORY: OAK LAWN
LOCATION (City, town, or county) (State): BALTO. CO. Md.

DATE REC'D BY LOCAL REG.: NOV. 25-1953
REGISTRAR'S SIGNATURE: Norman M. Kelly
24. FUNERAL DIRECTOR: Watts Parker Funeral Home
ADDRESS: Dundalk, Md.

VS. A15

RECEIVED
NOV 23 1953
BUREAU V. S.

W.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10803

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town): Fort Howard

LENGTH OF STAY (in this place): 46 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Pennsylvania — COUNTY:

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Philadelphia 20

STREET ADDRESS (If rural give location): 4935 N. 5th Street

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) A. (Last) GALLAGHER

4. DATE OF DEATH: (Month) November (Day) 17 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-30-96

9. AGE last birthday: 57 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Leather Worker (Makes machinery belts)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Oliver Gallagher

14. MOTHER'S MAIDEN NAME: Rebecca MacReynolds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 164-01-6265

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	PROGRESSIVE SPASTIC PARAPLEGIA, CAUSE UNKNOWN	UNKNOWN
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	UNKNOWN
	DUE TO (c)		

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 2, 1953, to Nov. 17, 1953, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): FRANCIS G. DICKEY, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. — ADDRESS — DATE SIGNED: 11-18-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: Nov. 21, 1953 — NAME OF CEMETERY OR CREMATORY: St. Dennis Cemetery — LOCATION (City, town, or county) (State): Ardmore, Pennsylvania

DATE REC'D BY LOCAL REGISTRAR: 11/18/53 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Givinish Funeral Home, 5th & Lindley Streets, Philadelphia, Pennsylvania

Lilly & Zeiler Inc., 403 S. Wolfe St.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10804

CERTIFICATE OF DEATH

Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard.
LENGTH OF STAY (in this place): 51 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 2839 N. Calvert Street

3. NAME OF DECEASED: (First) DAVID (Middle) A (Last) GASCOYNE
4. DATE OF DEATH: (Month) November (Day) 7 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	WHITE	Divorced	5/3/69	84 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Packing	Motor Car. Company	Scotland	U.S.A.

13. FATHER'S NAME: William Gascoyne
14. MOTHER'S MAIDEN NAME: Elizabeth Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	SAW	Unknown	Clin.Rec.Vet.Adm.Hosp.,Ft.Howard, Maryland

18. MEDICAL CERTIFICATION

			Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause	(a) DUE TO	GENERALIZED ARTERIOSCLEROSIS	UNKNOWN
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	BRONCHOGENIC CARCINOMA	UNKNOWN
	(c)		

162 X

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
VA m.		

22. I hereby certify that I attended the deceased from Sept 17, 1953, to Nov. 7, 1953, [illegible] and that death occurred at 12:45 P.M., from the causes and on the date stated above.

SIGNATURE: F G Dickey (Degree or title) ADDRESS DATE SIGNED

FRANCIS G. DICKEY, M. D., Chief, Med. Ser. VAH, Fort Howard, Md. 11-9-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/12/53	BALTIMORE NATIONAL	BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: 11/10/53 — REGISTRAR'S SIGNATURE: C W Mitchell

24. FUNERAL DIRECTOR ADDRESS: William Cook Inc. St. Paul and Preston Sts., Balto., Md.

Film#G159 Item# 2 11/18/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18- 3805

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLANLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard

LENGTH OF STAY (in this place): 9 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY:

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore

STREET ADDRESS (If rural give location): ~~3909 Fourth Street~~ 111 Lee St. ✓

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
CHARLES	F.	GAST	November 7, 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed	11-8-72	80 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	Unknown	Germany	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Gast	Amelia Lux

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Yes	SPA	Unknown	Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) CARCINOMA OF THE PROSTATE — Interval Between Onset And Death: 2 Years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE — UNKNOWN

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct. 29, 1953, to Nov. 7, 1953, that I last saw ~~XXXXXXXXXXXXXXXXXX~~ and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
HOWARD C. KRAMER, M.D.	VA H, FORT HOWARD, MARYLAND	11-8-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-11-53	Cedar Hill Cemetery	Brooklyn 25, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
11-11-53	H.W. Medved	The Howard Blight Funeral Home, 6009 Harford Road Baltimore, Maryland

Mildred T Blight

VS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Balto. MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Rockdale

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 3573 Abbie Place

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore

STREET ADDRESS (If rural give location) 116 W. University Pkwy

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
	Reynold	A.	Gehrke	11 -	26	19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	9-17-1897	56 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Transportation Off.	Ordnance-U.S.Gov.	Illinois	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Not Known	Not Known

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	I & II	—	Mrs. Reynold Gehrke - 116 W. University Pkwy.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary thrombosis — Interval Between Onset And Death: minutes

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Coronary arteriosclerosis — 5 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐	Not While At Work ☐	HOW DID INJURY OCCUR?
m.			

22. I hereby certify that I attended the deceased from July 1, 1953, to November 26 1953, that I last saw the deceased alive on Nov. 26, 1953, and that death occurred at 9:15 PM, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Richard H. Tillman M.D		3035 St. Paul St. Baltimore Md	11-29-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11-30-53	Lafayette Park Cem.	Baltimore	Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-29-53	August C. Bonsall	Geo. A. Farley	Catonsville, Md.

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. [illegible]

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard — LENGTH OF STAY (in this place): 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 1843 S. Charles Street

3. NAME OF DECEASED: (Type or Print) (First) LEROY (Middle) W. (Last) GEORGES

4. DATE OF DEATH: (Month) November (Day) 10 (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Single	11-2-1900	53 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Railroad Work	B. & O. Railroad	Baltimore, Maryland	U. S. A.

13. FATHER'S NAME: John Georges

14. MOTHER'S MAIDEN NAME: Elizabeth Wise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes ✓	WW II	218-09-1436	Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X
Immediate cause (a) CARCINOMA OF BRONCHUS LEFT UPPER LOBE — Interval Between Onset And Death: UNKNOWN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct. 20, 1953, to Nov. 10, 19 53, [illegible] and that death occurred at 7:55 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
WILLIAM B. VANDEGRIFT, M. D.	VAH, FORT HOWARD, MARYLAND	11-10-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-12-53	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
11-[illegible]-53	[illegible] Clerk	Howard Blight Funeral Home, 6009 Harford Road, Baltimore 14, Maryland. Mildred T. Blight

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 10[illegible]

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. [illegible]A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville 52
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cardiff 12X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) (Last) Gordon

4. DATE OF DEATH (Month) November (Day) 5, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-27-1880

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Civil Engineer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USa

13. FATHER'S NAME: William Gordon

14. MOTHER'S MAIDEN NAME: Sarah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute + Chronic Coronary Occlusion DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Coronary Sclerosis DUE TO

(c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) OF INJURY (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerhard W. Kieffer M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED Nov 6 '53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Nov. 7, 1953

NAME OF CEMETERY OR CREMATORY Slateville

LOCATION (City, town, or county) (State) Delta, Pa.

DATE REC'D BY LOCAL REG. 11-5-53

REGISTRAR'S SIGNATURE V E Harry

24. FUNERAL DIRECTOR John H. Harkins ADDRESS Delta, Pa.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville — LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Shipley Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 510 Shipley Ave
STREET ADDRESS (If rural, give location) Catonsville, Md.

3. NAME OF DECEASED: (Type or Print) (First) Percy (Middle) D. (Last) Greene

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 22, 19 53

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: Jan. 4 1895

9. AGE last birthday: 58 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caterer

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (State or foreign country): Ellicott City, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George A. Greene

14. MOTHER'S MAIDEN NAME: Agnes Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-01-3392

17. INFORMANT & ADDRESS: Mrs. Gene Cook Greene, 10 Shipley Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Acute Coronary Occlusion	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Mitral Insufficiency	22 days
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Bronchitis

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1-53, 19.., to 11-22-53, 19.., that I last saw the deceased alive on 11-22-53, 19.., and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Edw. Maloney M.D. — ADDRESS 57 Winterbourne Catonsville — DATE SIGNED 11/24/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Nov. 27 1953 — NAME OF CEMETERY OR CREMATORY Forest Lawn — LOCATION (City, town, or county) (State) Catonsville, Md.

DATE REC'D BY LOCAL REG. 11-24-53 — REGISTRAR'S SIGNATURE W W Hedrick

24. FUNERAL DIRECTOR Holland Funeral Home — ADDRESS 1631 Druid Hill Ave

VS. A15 8-51

10810

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 31

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harrisonville X | LENGTH OF STAY (in this place) passing thru
HOSPITAL OR INSTITUTION OR STREET ADDRESS Liberty Rd, north of Lards Chappel Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 7
STREET ADDRESS (If rural, give location) 3621 Oak Ave.

3. NAME OF DECEASED: (First) Louis (Middle) Lester (Last) Groshon
4. DATE OF DEATH (Month) Nov. (Day) 26 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widower	June 25, 1888	65 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Self employed	Frederick Co., Md.	U.S.A.

13. FATHER'S NAME: Elias Groshon
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no none	212-09-0397	Kerreth M. Groshon, 3621 Oak Ave., Balto. 7, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Cardio Vascular Accident	5 min.
DUE TO			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)		
DUE TO			
	(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: none

19a. DATE OF OPERATION	19b. MAJOR FINDING OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
none	none	

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
	Liberty Rd.	Harrisonville	Balto.	Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
Nov. 26, '53 10:45 a.m.		Car drifted off of road to L. & bumped a tree.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. D. Caples M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-27-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-30-53	Lorraine Park Cem.	Woodlawn Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-27-53	[signature]	Chas. P. Towell,	6411 Windsor Mill Rd.

VS. 15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the figures of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1611

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard

LENGTH OF STAY (in this place): 2 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet. Adm. Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural give location): 2048 Hollins Street

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)
CHARLES F GUERKE	November 10 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
MALE	White	Married	5/18/1880	73 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Store owner	Confections	Baltimore, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles S. Guerke	Mary Ann Long

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS
Yes SAW	216-32-5935 Unknown	Clin. Rec. Vet. Adm. Hosp., Fort Howard, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
4221 Immediate cause	(a) PNEUMONITIS	Unknown
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	Unknown
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
VA m.		

22. I hereby certify that I attended the deceased from Nov. 8, 1953, to Nov. 10, 1953, that I last saw the deceased on [illegible] and that death occurred at 4:45 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
LOREN E. SENN. M.D. Loren E. Senn	M.D.	VAH, Fort Howard, Md.	11/10/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 13, 1953	Baltimore National	Balto, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
NOV 11 53	[signature]	George L. Schwab Funeral Home 2101 Frederick Ave. Balto, Maryland

VS. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

Item 9 Film G159 12/4/53 mmb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (In this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 715 Brightside Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE & Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brightside Ave - Pikesville
STREET ADDRESS (If rural give location) 715 Brightside Ave

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) L (Last) Hagedorn

4. DATE OF DEATH: (Month) NV (Day) 24 (Year) 19 53

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH: Jan 11 1871

9. AGE last birthday: 81 Y 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Home Baker.

10b. KIND OF BUSINESS OR INDUSTRY: Bakery

11. BIRTHPLACE (State or foreign country) Baltimore

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Hagedorn

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Carl Hagedorn 715 Brightside Ave Pikesville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) arteriosclerosis

DUE TO

(c) generalized Arteriosclerosis — 20 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 30, 19 53, to NV 24, 19 53, that I last saw the deceased alive on Sept 19, 19 53, and that death occurred at 3 A.M., from the causes and on the date stated above.

SIGNATURE Delmer F. Williams (Degree or title)

ADDRESS 1725 Reisterstown Rd, Pikesville 8 DATE SIGNED NV 24, 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Nov 27 1953

NAME OF CEMETERY OR CREMATORY Forrawl Glen

LOCATION (City, town, or county) Woodlawn Balto Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 11-25-53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Gillis Lawrason

ADDRESS 4510 Liberty Heights Ave

VS: A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 31 ... 12

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3521 St. James Road

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
STREET ADDRESS (If rural give location) 3521 St. James Rd.

3. NAME OF DECEASED: (Type or Print) First: Herman (Middle): C. (Last): Harrison

4. DATE OF DEATH: (Month) Nov. (Day) 25/53 (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 5,1891

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Asst. Const. Eng.

10b. KIND OF BUSINESS OR INDUSTRY: B.O. Railroad.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Levi Harrison

14. MOTHER'S MAIDEN NAME: Mary E. Willie

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): /

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Flora Harrison, 3521 St. James Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

480.1
Immediate cause (a) Cardio Respiratory failure
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Coronary Thrombosis
DUE TO
(c) Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: /

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to 25 Nov., 1953, that I last saw the deceased alive on 25 Nov., 1953, and that death occurred at 8:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) William J. Bryon MD ADDRESS 4605 Edmondson Ave, DATE SIGNED Balto 29 Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Nov. 28, 1953

NAME OF CEMETERY OR CREMATORY Lorraine Park

LOCATION (City, town, or county) Woodlawn Md. (State)

DATE REC'D BY LOCAL REGISTRAR 11-28-53

REGISTRAR'S SIGNATURE August L. Brandt

24. FUNERAL DIRECTOR Harry A. Dietzler

ADDRESS 4101 Edmondson Ave.

VS. 1-50

RECEIVED
NOV 1 53
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X — LENGTH OF STAY (in this place) 34 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Silver Spring Rd X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Silver Spring Rd

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) S. (Last) Hastings

4. DATE OF DEATH: (Month) Nov (Day) 7 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 1 1882

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Balto City Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: [illegible]

14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr Samuel R. Hastings, Silver Spring Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary thrombosis — Interval between onset and death: a few seconds

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — To my knowledge at least 2½ yrs.

(c) Hypertension, severe — To my knowledge at least 2½ yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. [redacted]

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 Mar, 1951, to 7 Nov, 1953, that I last saw the deceased alive on 6 Nov, 1953, and that death occurred at 7:00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Edward L. Holt M.D — 7425 Harford Rd Balto 14 Md — 12 Nov 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/10/53 — NAME OF CEMETERY OR CREMATORY: Loudon Park Cem — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: 11-9-53 — REGISTRAR'S SIGNATURE: W M Hammett

24. FUNERAL DIRECTOR — ADDRESS: Lansdale Funeral Home 7401 Belair Rd

RECEIVED
NOV 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 .1053

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information ■refully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 1819 McCulloh Street

3. NAME OF DECEASED: (First) ERNEST (Middle) H. (Last) HAYS
4. DATE OF DEATH: (Month) November (Day) 9 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1-1-93
9. AGE last birthday: 60 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Musician
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chattanooga, Tennessee
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Daniel Hays
14. MOTHER'S MAIDEN NAME: Tdella Carney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) HYPERTENSION, CAUSE UNDETERMINED; SUBARACHNOID
DUE TO HEMORRHAGE, RIGHT; INFARCT, LEFT VENTRICLE

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

Interval Between Onset And Death: UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Oct. 16, 19 53, to Nov. 9, 19 53, and that death occurred at 7:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M. D.
ADDRESS: VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 11-10-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11-14-1953
NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 11-11-53
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: Holland Funeral Home, 1631 Druid Hill Ave.
ADDRESS: Baltimore, Maryland

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 16

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (In this place) 3 yrs. 5 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY [illegible]; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 3405 E. White Avenue

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) J. (Last) Hebrank

4. DATE OF DEATH: (Month) (Day) (Year) November 19 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 1876

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Upholsterer

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry J. Hebrank

14. MOTHER'S MAIDEN NAME: Mary M. Hebrank

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: See Records at Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4201

Immediate cause (a) Acute Cardiac infarction and

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) dilatation. Coronary occlusion

(c) Coronary atherosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF INJURY office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22 *I certify that I took charge of the remains described above, held an Autopsy ✓ Inspection ___, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Geo. M. Kieffer M.D. Dr. Leo F. Balls Co. 1010 Leadenhall Nov 19 53

DISPOSITION (Burial, Cremation, etc.) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | 11-20-1953 | Lorraine Park | Balto Md

DATE RECD BY LOCAL REG. 11 20 53 | REGISTRAR'S SIGNATURE A.W. Heland Deputy | 24. FUNERAL DIRECTOR ADDRESS: Leonard J. Luck 5305 Harford

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

Items 8 & 9 Film G159 11-27-53 jt

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 315 Ingleside Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 315 Ingleside Ave

3. NAME OF DECEASED (Type or Print): (First) Dorothea (Middle) (Last) Heintz
DATE OF DEATH (Month) Nov. (Day) 15 (Year) 1953

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow | 8. DATE OF BIRTH Jan 28 1876 | 9. AGE last birthday 77 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jacob Haussler
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Dorothea DeVine Baltimore Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Apoplexy — Interval between onset and death: 7 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerotic Cardiovascular Disease — Uncertain
(c) Arterial Hypertension — Uncertain

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION No operation | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 9, 1953, to Nov 15, 1953, that I last saw the deceased alive on Nov 11 53, 19..., and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joshua H Annacost M.D. | ADDRESS 6419 Windsor Mill Rd Baltimore Md | DATE SIGNED 11/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Nov. 18-53 | NAME OF CEMETERY OR CREMATORY London Pk. Cemetery | LOCATION (City, town, or county) Balto. | (State) Md.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR — ADDRESS John L. Mellor 2334 Jefferson St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A14

1. PLACE OF DEATH: COUNTY BALTIMORE — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River Rural — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS WILSON POINT RD & BEACH AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL MIDDLE RIVER.
STREET ADDRESS (If rural, give location) WILSON POINT RD & BEACH AVE.

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) NICHOLAS (Last) HENTZE

4. DATE OF DEATH: (Month) NOV (Day) 19 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: AUG 13 1895

9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BUTCHER

10b. KIND OF BUSINESS OR INDUSTRY: GROCERY STORE SELF

11. BIRTHPLACE (State or foreign country): BALTIMORE

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MARTIN T. HENTZE

14. MOTHER'S MAIDEN NAME: SOPHIA MUELLER.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If year, give war or dates of service): WAR I

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: CHARLOTTE EMMA HENTZE — WILSON POINT RD & BEACH DRIVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

Immediate cause (a) Coronary-arterial Cardio-Vascular — Interval Between Onset and Death: 3 yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Renal Disease

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - -

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to Nov 19, 1953, that I last saw the deceased alive on Nov 19, 1953, and that death occurred at 7:10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James F. Clark M.D. — ADDRESS: 432 Equitable Bldg Baltimore Md. — DATE SIGNED: 11/14/53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: NOV 23 1953 — NAME OF CEMETERY OR CREMATORY: LOUDON PARK CEM — LOCATION (City, town, or county): FREDERICK ROAD — (State): MD.

DATE REC'D BY LOCAL REG.: 11/23/53 — REGISTRAR'S SIGNATURE: D.A. Schenck Deputy

24. FUNERAL DIRECTOR: Duffield Bros — ADDRESS: 7110 BELAIR RD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruxton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Berwick Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruxton
STREET ADDRESS (If rural give location) Berwick Ave.

3. NAME OF DECEASED: (Type or Print) (First) DR. JOHN (Middle) FRANK (Last) HEWITT

4. DATE OF DEATH: (Month) Nov. (Day) 13, (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: July 15, 1902

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR Month, Days IF UNDER 24 HRS. Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: physician-surgedn

10b. KIND OF BUSINESS OR INDUSTRY: - medical

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank Gildersleeve Hewitt

14. MOTHER'S MAIDEN NAME: Ursala Abendschon

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No:

17. INFORMANT & ADDRESS: Mrs. Margaret Hewitt-Berwick Ave., Ruxton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

204.2

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 1 hour

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Acute Monocytic Leukemia — 1 Month

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1940, to Nov 13, 1953, that I last saw the deceased alive on Nov 12, 1953, and that death occurred at about 7 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Vernon H Norwood M.D. ADDRESS Church Home & Hospital DATE SIGNED Nov 15, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/16/53
NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.
LOCATION (City, town, or county) (State) Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR [illegible]
REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wm. J. Schnepf & Sons ADDRESS Balto 17, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10820

CERTIFICATE OF DEATH

Reg. Dist. No. 38

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Timonium — LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Timonium
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Solomon (Middle) (Last) HEYMANN

4. DATE OF DEATH: (Month) Nov. (Day) 15 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9/15/1868

9. AGE last birthday: 85 yrs. — If under 1 year: Months | Days — If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Tobacco

11. BIRTHPLACE (State or foreign country): LATVIA

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Louis

14. MOTHER'S MAIDEN NAME: Sarah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Solomon Heymann

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 10 mo 4 Days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis General — Unk

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/10, 1953, to 11/15, 1953, that I last saw the deceased alive on 11/14, 1953, and that death occurred at 200 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Bennett A. Steen M.D. — ADDRESS Lutherville — DATE SIGNED 11/16/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 11-16-53 — NAME OF CEMETERY OR CREMATORY: Beth Tfiloh — LOCATION (City, town, or county): Balto — (State): Md

DATE REC'D BY LOCAL REG. 11-16-53 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS: Pikesville 2100

10521

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridgeway Manor, Nurs. Home 5743 Edmondson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Balto. City.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 1211 W. Baltimore St.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Paul Hocheder	Nov. 16 1953	M.	W.	Married	July 18, 1874	79 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Tailor	Own.	Baltimore	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Franz Hocheder	Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Mrs Anna Hocheder, 1211 W. Baltimore St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

153 X

Immediate cause (a) Coronary Thrombosis

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Malignancy of Sigmoid Colon

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. General Debility

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from March, 1952, to Nov. 16, 1953, that I last saw the deceased alive on Nov. 16, 1953, and that death occurred at 12:15 P.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Abraham Schapiro	M.D.	2028 Eutaw Pl. Balto. Md.	

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 19/53	Loudon Park	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11 19 53	[illegible] Deputy	Harry N. Weitzman	4101 Edmondson Ave

VS-A15—8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN CATONSVILLE | LENGTH OF STAY (In this place) 9 MOS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) 810 W. NORTH AVE.

3. NAME OF DECEASED: (Type or Print) (First) EUGENE (Middle) W. (Last) HODSON

4. DATE OF DEATH: (Month) 11 (Day) 17 (Year) 1953

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed | 8. DATE OF BIRTH: 6/26/1867 | 9. AGE last birthday: 86 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): DRUGGIST | 10b. KIND OF BUSINESS OR INDUSTRY: President Thomas & Thompson Co | 11. BIRTHPLACE (State or foreign country): VIENNA, MD. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DR. EUGENE HODSON | 14. MOTHER'S MAIDEN NAME: CELESTE BROMWELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No. | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRAL HEMORRHAGE — Interval Between Onset And Death: UNDETERM.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ADVANCED ARTERIOSCLEROSIS — INFD

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) — | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — | (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/20/53 19..., to 11/17 ..., 1953, that I last saw the deceased alive on 11/17 ..., 1953, and that death occurred at 1035 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles Ward M.D., Spring Grove Hosp. ADDRESS Catonsville Md. DATE SIGNED 11/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 11-20-53 | NAME OF CEMETERY OR CREMATORY Druid Ridge | LOCATION (City, town, or county) Pikesville, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 11/20/53 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR John O. Mitchell Sons | ADDRESS 1900 Eutaw Pl.

VS. 15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

13623

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dal / Timore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Windall 22 — LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS — —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N.Y. — COUNTY V
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Rochelle
STREET ADDRESS (If rural, give location) 89 Avi-enore Drive

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Susie	Elverta	Hall	November	10,	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Col	Widowed	12-28-01	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Private Family	Virginia	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Adams	Jennie Irvin Ray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	129-26-2067	Irving Adams / 25 Baldwin Ave, Glendale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
170X	Immediate cause	(a) Respiratory Collapse	10 Hours
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Breast (R) with Metastasis	6 M 7 D
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 10, 1953, to November 10 1953, that I last saw the deceased alive on November 10, 1953, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
William C. Wade M.D.	140 Oak Avenue Dundalk 22 Md.	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/12/53	Adams Property	Dillwyn, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR, ADDRESS
11-12-53	a w Hennon Jr	Charles L. Law 802 Md. Ave.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 21

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Hall (Rural) LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Hall (Rural)
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) DORA (Middle) (Last) JACKSON

4. DATE OF DEATH: (Month) Nov (Day) 16 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept. 27 1867

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months / Days 14 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Harford co md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lewis Henry Cromwell

14. MOTHER'S MAIDEN NAME: Rachel Jane Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Clarence Hauck, Rocks md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial failure, pulmonedema — Interval Between Onset And Death

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chr. myocarditis + infirmities
DUE TO (c) old age.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 15, 1953, to Nov. 16, 1953, that I last saw the deceased alive on Nov. 16, 1953, and that death occurred at 8:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Norman H. Clemson M.D. — ADDRESS Stewartstown, Pa. — DATE SIGNED Nov. 17, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov. 22, 1953 — NAME OF CEMETERY OR CREMATORY Union Chapel — LOCATION (City, town, or county) White Hall — (State) Md

DATE REC'D BY LOCAL REGISTRAR Nov. 17, 1953 — REGISTRAR'S SIGNATURE Mrs Howard S. Markline — 24. FUNERAL DIRECTOR Martin E. Hurst — ADDRESS Jarrettsville md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-15

RECEIVED
NOV 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 39

MARGIN RESERVED FOR BINDING

ONLY, WITH UNFADING INK. Supply every item of information carefully. The correct and
pecially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 5 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 216 Newburg ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 216 Newburg ave

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) J (Last) Hansen
4. DATE OF DEATH: (Month) Nov. (Day) 13 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec 14 1888
9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Builder
10b. KIND OF BUSINESS OR INDUSTRY: Frame & Cond.
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hans Hansen
14. MOTHER'S MAIDEN NAME: Hanna Peterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 078-05-7905
17. INFORMANT AND ADDRESS: Mrs Harry J Hansen 216 Newburg Catonsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

9797 Immediate cause (a) Cardiac failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Carcinoma prostate, with general metastases, fractured

(c) Skull due to fall on head.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: home
(CITY OR TOWN): Catonsville
(COUNTY): Balto
(STATE): Md

TIME OF INJURY: (Month) Nov (Day) 10 (Year) 53 (Hour) 7-30 pm
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Jumped out 2nd story window

22 *I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from, natural causes, accident, suicide, homicide, undetermined.*

SIGNATURE: Jas McKie Jr (Degree or title) MD Dep Med Exam Balto Co
ADDRESS: 1070 Jackson
DATE SIGNED: Nov 13 53

FINAL CREMATION (If FINAL (Specify)): Burial
DATE THEREOF: 11-15-53
NAME OF CEMETERY OR CREMATORY: Good Shepherd Cem
LOCATION (City, town, or county): Ellicott City
(State): Md.

DATE REC'D BY LOCAL REG.: 11-14-53
REGISTRAR'S SIGNATURE: V E Harry
24. FUNERAL DIRECTOR: Easton Sons
ADDRESS: Catonsville 28, Md.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]26

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne Heights
STREET ADDRESS (If rural give location) 408 Hawthorne Road

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) (Eliza) (Last) Jeffers

4. DATE OF DEATH (Month) November (Day) 2, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1-19-1880

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: — Wodall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Rondo Spring Grove State Hosp.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) 443X — DUE TO: Hemorrhage, brain — 10 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO: Hypertension and arteriosclerotic cardiovascular disease — Unknown
(c)

11. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Senility, suspected malignancy (vaginal) — Unknown

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/2/, 1953, to 11/2/, 1953 that I last saw the deceased alive on 11/2/, 1953 and that death occurred at 6:45 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Lindsay D. Campbell M.D. — ADDRESS Spring Grove State Hosp. — DATE SIGNED 11/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation — DATE THEREOF 11-4-53 — NAME OF CEMETERY OR CREMATORY Cremation — LOCATION (City, town, or county) Baltimore — (State) Md.

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR [illegible] — ADDRESS [illegible]

VS. [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randall | LENGTH OF STAY (In this place) 24
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7010 Dunbar Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dene.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Brinley (Middle) Edwards (Last) Jenkins
4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 53
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 2/1895
9. AGE last birthday: 58 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocery Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Retired.
11. BIRTHPLACE (State or foreign country): Plymouth Pa
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Lewis Jenkins
14. MOTHER'S MAIDEN NAME: Ann
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS: Mrs. Elsie Jenkins (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 11-2-53 2 P m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. McCarmine M.D. Dept. Medical Exam Balto. Co. Dundalk 24 Md 11/2/53

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF 11-4-53 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Nov. 3-1953 | REGISTRAR'S SIGNATURE William M. Kelly | 24. FUNERAL DIRECTOR | ADDRESS

RECEIVED
NOV 5 1...
BUREAU V. S.

28

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Sparrows Point 19 Md. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bethlehem Steel Co. Open Hearth.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Sparrows Point 19
STREET ADDRESS (If rural, give location) 1325 Forrest Rd

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) EDWARD (Last) Jessa

4. DATE OF DEATH (Month) Nov (Day) 23 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	5/12/1911	42 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
BRAKEMAN	RAILROAD	Md.	USA

13. FATHER'S NAME: Joseph A. Jessa

14. MOTHER'S MAIDEN NAME: EMMA HACKETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No No	213-07-7604	NELLIE M. JESSA — SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Completely crushed mid abdomen

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) lower chest + pelvis Evisceration

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
		Sparrows Pt.	Balto.	Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
11 23 53 6 P.M.		Run over by switching train, 4 cars

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE W. M. Jarmine M. D. CORONER ☐ MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ M. D. ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11/23/53.

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	11-27-53	BELAIR MEM	BELAIR, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 23-1953	Dawson L. Harber	Walter Brooks Bradley	Lindell Md.

VS. - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Pt.
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7845 North Cove Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point
STREET ADDRESS (If rural give location): 7845 North Cove Road

3. NAME OF DECEASED (Type or Print): (First) George (Middle) M. (Last) Jones

4. DATE OF DEATH: (Month) Nov. (Day) 27th (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 11, 1881

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Elevator Man Central Sav. Bk.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Richmond, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George H.A. Jones

14. MOTHER'S MAIDEN NAME: Nannie G. Cottrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Anna G. Jones, 7845 North Cove Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4437

Immediate cause (a) Cerebral Hemorrhage — 2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension C.V. Disease — 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 19 51, to Nov 27, 19 53, that I last saw the deceased alive on Nov 27, 19 53, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

SIGNATURE: James G. Deane (Degree or title) M.D. — ADDRESS: 5 to 8 St. Thomas Pl. Balto 11 — DATE SIGNED: 11/27/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Dec. 1, 1953

NAME OF CEMETERY OR CREMATORY: Immanuel Luth Cem.

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.:

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Leonard J. Buck — ADDRESS: 5305 Harford Road.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10830

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore 19. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) Sparrows Point
LENGTH OF STAY (In this place) 32 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1106. H. St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN do
STREET ADDRESS (If rural give location) #1.

3. NAME OF DECEASED: (Type or Print) (First) HOWARD (Middle) MELVIN (Last) KAGLE. SR

4. DATE OF DEATH: (Month) Nov. (Day) 22 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 28. 1894

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Yardmaster

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Edward Kagle

14. MOTHER'S MAIDEN NAME: Sarah Benex

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1st W.W. April 1918 to Nov 1918

16. SOCIAL SECURITY NO.: 705-10-4794

17. INFORMANT & ADDRESS: Dorothy Kagle Wife

MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (a)	Acute myocardial failure	Sudden
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)	Myocarditis - arteriosclerotic	2 mo
DUE TO		
(c)	Diabetes - mellitus	5 yrs

2607

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 49, to Nov. 22, 19 53, that I last saw the deceased alive on Nov. 22, 19 53, and that death occurred at 9:35 P., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Louis N. Tollin M. D. 6908 N. Point Rd Dato 19 - Nov 22/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 11-25-53 | NAME OF CEMETERY OR CREMATORY BELAIR MEM. | LOCATION (City, town, or county) BELAIR, Md (State)

DATE REC'D BY LOCAL REGISTRAR Nov. 23-1953 | REGISTRAR'S SIGNATURE Dawson L. Hall

24. FUNERAL DIRECTOR Walter Brooks ADDRESS Bradley, Dundalk Md

VS. 225

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 246

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Towson — LENGTH OF STAY (in this place): 55
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 637 Sussex Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural give location): 637 Sussex Road

3. NAME OF DECEASED: (First) Mr. (Middle) Thomas J. (Last) Kennard
4. DATE OF DEATH: (Month) Nov. (Day) 20 (Year) 19 53
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Nov. 17, 1876
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Candy
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas J. Kennard
14. MOTHER'S MAIDEN NAME: Mary E. Leonard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Hettie A. Kennard, 637 Sussex Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Acute myocardial Infarction — Interval Between Onset And Death: 24 hrs
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Arteria-sclerotic cardio-vascular disease — 1947
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-30, 1947, to 11-20-, 1953, that I last saw the deceased alive on 11-20-, 1953, and that death occurred at 6 20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Sulton A. Levy M.D — ADDRESS: 2117 Belair Rd (13) — DATE SIGNED: 11-21-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 23, 53 — NAME OF CEMETERY OR CREMATORY: Moreland Memo Park — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 11-23-53 — REGISTRAR'S SIGNATURE: O W Hedrick

24. FUNERAL DIRECTOR: Leonard J. Ruck — ADDRESS: 5305 Harford Road.

Dr. Lang
2117 Belair Road
6-8

Ollie
Joe 5 TO 1 30
Shift

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10632

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1239 Oakland Terrace X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
STREET ADDRESS (If rural give location) 1239 Oakland Terrace

3. NAME OF DECEASED: (Type or Print) (First) Alma (Middle) M. (Last) King

4. DATE OF DEATH: (Month) Nov. (Day) 10/53 (Year) 19

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: Jan. 31, 1899 | 9. AGE last birthday: 54 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None | 10b. KIND OF BUSINESS OR INDUSTRY: Own home | 11. BIRTHPLACE (State or foreign country): Odenton, Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John W. Turner

14. MOTHER'S MAIDEN NAME: Nettie Jones

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) / (If Yes, give war or dates of service): /

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Clarence B. King, 1239 Oakland Terrace

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1
Immediate cause (a) Coronary Occlusion — 1 day
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Hypertensive C. V. Disease — 7 yrs
DUE TO
(c)

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1950, to Nov 10, 1953, that I last saw the deceased alive on Nov 10, 1953, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): John F. Callahan, M.D. ADDRESS: 420 Wilkens Ave DATE SIGNED: Nov 13, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Nov. 14/53 | NAME OF CEMETERY OR CREMATORY: Loudon Park | LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REGISTRAR: 11/13/53 | REGISTRAR'S SIGNATURE: A. W. Redmond Dmr | 24. FUNERAL DIRECTOR: Harry Hunt & Co | ADDRESS: 4101 Edmondson Ave

VS. A-6

John T. Cavalaris. D.D.
4-20 Chilton
1-2.30

Item 14, Film G159 11/24/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19533

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Catonsville
LENGTH OF STAY (in this place): 2 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
STREET ADDRESS (If rural give location): 4126 Eden Rd

3. NAME OF DECEASED: (Type or Print) (First) Louis (Middle) (Last) Kirschen

4. DATE OF DEATH: (Month) Nov (Day) 16 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower

8. DATE OF BIRTH: July 1891

9. AGE last birthday: 62 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Tailor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lithuania

12. CITIZEN OF WHAT COUNTRY? first papers USA

13. FATHER'S NAME: Isaac Kirschen

14. MOTHER'S MAIDEN NAME: Dorah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Irving Kirschen 409 Oakwood Rd, Dundalk

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Acute cardiac failure
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Aortic stenosis
DUE TO
(c) Arteriosclerotic cardiovascular disease — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — Years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 30, 1953, to Nov. 16, 1953, that I last saw the deceased alive on Nov. 14, 1953, and that death occurred at 7:50 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Edith B. Hessmann Greene MD — ADDRESS: Spring Grove State Hosp Catonsville 28 Md — DATE SIGNED: 11/16/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11-17-53 — NAME OF CEMETERY OR CREMATORY: Rosedale — LOCATION (City, town, or county): Balto — (State): Md

DATE REC'D BY LOCAL REGISTRAR: 11/16/53 — REGISTRAR'S SIGNATURE: V. E. Barry

24. FUNERAL DIRECTOR: Jack Levin Inc — ADDRESS: 2100 Eutaw Pl.

VS. 1

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 2207 Eutaw Place

3. NAME OF DECEASED (Type or Print): (First) ALVIN (Middle) (NMI) (Last) KLEIN

4. DATE OF DEATH: (Month) November (Day) 5, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9/18/27

9. AGE last birthday: 26 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Diamond Setter

10b. KIND OF BUSINESS OR INDUSTRY: Manufacturing Co.

11. BIRTHPLACE (State or foreign country): Brooklyn, N. Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Klein

14. MOTHER'S MAIDEN NAME: Sophie Mittleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW II

16. SOCIAL SECURITY No.: 119-16-8125

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

578X

Immediate cause (a) PULMONARY EDEMA — Interval Between Onset And Death: Sudden

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Gastrointestinal tract hemorrhage, severe.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11/4/53

19b. MAJOR FINDINGS OF OPERATION: Partial gastric resection

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Oct. 31, 1953 to Nov. 5, 1953, and that death occurred at 12:50 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

JOSEPH M. MILLER, M.D., Chief, Surgical Service VAH, Fort Howard, Md. 11/5/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11-6-53 — NAME OF CEMETERY OR CREMATORY: Riverside Cemetery — LOCATION (City, town, or county) (State): Rochelle Park, New Jersey

DATE REC'D BY LOCAL REGISTRAR: 11/12/53 — REGISTRAR'S SIGNATURE: Dawson L. Parker

24. FUNERAL DIRECTOR: Howard Blight Funeral Home, 6009 Harford Rd. Balto. 14, Md. — ADDRESS

SHIP TO: HIRSCH & SONS FUNERAL HOME Mildred T. Blight
1225 JEROME AVE, BRONX, N.Y.

VS. 125

BUREAU V. S.

10835

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville X
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3239 Clifton Ave

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Maude (Last) Knight

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 23rd 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: March 15-74

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months 9 Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress

10b. KIND OF BUSINESS OR INDUSTRY: In own home

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Isaac H. Peddicord

14. MOTHER'S MAIDEN NAME: Anna Chipsman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 217-09-0616

17. INFORMANT & ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
443X Immediate cause	(a) Hypertensive Cardio Vascular disease DUE TO	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerosis disease DUE TO	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949 to Nov 23, 1953, that I last saw the deceased alive on Nov 22, 1953, and that death occurred at 1:15 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Walter T. Rees MD Cockeysville Md 23 Nov 53

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF Nov. 25-53 NAME OF CEMETERY OR CREMATORY London Pk. LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 11-24-53 REGISTRAR'S SIGNATURE Laura M. Schroeder

24. FUNERAL DIRECTOR Bertram Gore, ADDRESS Charles 23rd St

VS-A15 8-51

RECEIVED
NOV. 24 1953
BUREAU V. S.

copy to CHO 11/24/53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 30

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 33

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown | LENGTH OF STAY (in this place) Passing thru
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll 067-2
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Union Bridge
STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED: (Type or Print) (First) Rebecca (Middle) Jane (Last) Knox
4. DATE OF DEATH (Month) Nov. (Day) 24 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	May 23, 1945	8 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
none	none	Union Bridge, Md.	U. S.

13. FATHER'S NAME: Karl Rhodes Knox
14. MOTHER'S MAIDEN NAME: Almyra Patterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	none	Mrs. Karl Knox, Union Bridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 747.1

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Bronchitis	1 week
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Congenital Myatonia	8 years
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: none

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
none	none	

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
None	Not Applicable	none

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
none M.	none	none

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. D. Caples M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 11-24-53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 27 53	Calvery Cem.	Finksburg, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-24-53	Mary B. Cline.	D.D.Hartzler & Sons,	New Windsor, Md.

VS. A-15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10 3 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 1mos. 9 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN McHenry; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Noah (Middle) (Last) Kolbfleisch

4. DATE OF DEATH (Month) November (Day) 3, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 1-6-1906

9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer & saw

10b. KIND OF BUSINESS OR INDUSTRY: mill operator

11. BIRTHPLACE (State or foreign country): Oakland, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jackson Kolbfliesch

14. MOTHER'S MAIDEN NAME: Ada Pysel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — Interval Between Onset And Death: 7 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive cardiovascular disease — Unknown

DUE TO

(c) Generalized arteriosclerosis — Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 6:10 A.M., from the causes and on the date stated above.

SIGNATURE William N. Fitzpatrick (Degree or title) M.D. ADDRESS Spring Grove State Hospital DATE SIGNED 11-3-53

23. BURIAL, CREMATION, REMOVAL (Specify) burial; DATE THEREOF 11/5/53; NAME OF CEMETERY OR CREMATORY Oakland Cemetery; LOCATION (City, town, or county) (State) Oakland, Maryland

DATE REC'D BY LOCAL REGISTRAR 11-3-53; REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR Wm. Cook Inc., ADDRESS 1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 38

CERTIFICATE OF DEATH

Reg. Dist. No. 4E

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 21-14
STREET ADDRESS (If rural, give location) 3204 Elmley Avenue

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) George (Last) KRAMER
4. DATE OF DEATH: (Month) November (Day) 21 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	4-29-91	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mould Maker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Kramer
14. MOTHER'S MAIDEN NAME: Mary Nordmierer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Clim.Rec.,Vet.Adm.Hospital,Fort Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.0 Immediate cause	(a) ARTERIOSCLEROTIC HEART DISEASE	5 Years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 11-20 1953, to 11-21, 1953, that I last saw the deceased [illegible] and that death occurred at 10:30 P.m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED 11/22/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 11-25-53
NAME OF CEMETERY OR CREMATORY: [illegible] Cem.
LOCATION (City, town, or county) (State) [illegible], Balto.Md.
DATE REC'D BY LOCAL REG. 11-23-53
REGISTRAR'S SIGNATURE A. W. Hodgins
24. FUNERAL DIRECTOR: Leonard J. Ruck ADDRESS 5305 Harford Rd. Balto. Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
MARGIN RESERVED FOR BINDING
Form A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 '39

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 2months23days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville

STREET ADDRESS (If rural give location) 602 Braeside Road

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Edward	N	Kratz	November	19	19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday: yrs.	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed	1-31-1870	83		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Butcher	--	Baltimore	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Edward Kratz	Emma Amos

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Unknown	Unknown	Records at Spring Grove State Hospital

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 Immediate cause	(a) Cardiac failure	
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Arteriosclerotic heart disease	years
DUE TO		
	(c) Generalized arteriosclerosis	years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senile arteriosclerotic nephrosclerosis	years

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
University Hospital October 19, 1953	Strangulated hernia (recovered)	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-26-, 19 53, to 11-19-, 19 53, that I last saw the deceased alive on 11-19, 19 53, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
I. B. Yeaman-Green M.D.	Spring Grove State Hosp.	11-19-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/23/53	Loudon Park Cem	Frederick Rd.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-20-53	H. E. Harris	Chas. P. Towell	6411 Windsor Mill Rd

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 216

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Fence

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimora — O i 4
STREET ADDRESS (If rural, give location) 511 Hampton Rd.

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) (Last) Kreusler
4. DATE OF DEATH: (Month) 11 - (Day) 19 - (Year) 1953

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 9-14-77
9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Kreisler
14. MOTHER'S MAIDEN NAME: Elizabeth Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mrs. Anna H. Wolfman 581 N. Howard St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Failure — 6 wks.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Clo. Hypertensive Arteriosclerotic Cardio Vasc. Disease — 10 yr.

(c)

(250.X)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-14, 1951, to 11-19, 1953, that I last saw the deceased alive on 11-19, 1953, and that death occurred at 9P m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Wilmer K. Gallager — M.D. — Catonsville 28 Md. — 11-20-53

23. BURIAL, CREMATION / REMOVAL (Specify): Burial
DATE THEREOF: 11/23/53
NAME OF CEMETERY OR CREMATORY: St Matthews Cem
LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: Nov 20 1953
REGISTRAR'S SIGNATURE: A. M. Reddick Jr
24. FUNERAL DIRECTOR: Wm J Tickner & Sons — ADDRESS: Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10841

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AID

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 2129 East Federal Street

3. NAME OF DECEASED: (First) Lillie (Middle) Blanche (Last) Kniden
4. DATE OF DEATH: (Month) Nov. (Day) 30 (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: June 6, 1874
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Christian Scholl
14. MOTHER'S MAIDEN NAME: Louisa Roeder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Emil Futhmuller, Sparks, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.1 Immediate cause	(a) Coronary occlusion DUE TO	10 min.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Coronary sclerosis DUE TO	5 years.
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1953, to Nov. 30, 1953, that I last saw the deceased alive on Nov. 30, 1953, and that death occurred at 10:40 p.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) Elizabeth B. Sherrill M.D.
ADDRESS Cockeysville, Md.
DATE SIGNED 11/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF DEC 4, 1953
NAME OF CEMETERY OR CREMATORY PARKWOOD
LOCATION (City, town, or county) PARKVILLE (State) MD
DATE REC'D BY LOCAL REGISTRAR DEC 4 1953
REGISTRAR'S SIGNATURE A. W. Hedrich JST
24. FUNERAL DIRECTOR ADDRESS ULLRICH FUNERAL HOME 4210 BELAIR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN ~~LAUREL~~ CATONSVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE ST. HOSP

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY PR. GEO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAUREL
STREET ADDRESS (If rural give location) 703 MAIN ST.

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) WILLARD (Last) LEHMAN

4. DATE OF DEATH: (Month) NOV. (Day) 7 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: May 21 1877

9. AGE last birthday: [redacted] 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): insurance agent

10b. KIND OF BUSINESS OR INDUSTRY: General insurance

11. BIRTHPLACE (State or foreign country): U.S.A. PHILA, PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNK

14. MOTHER'S MAIDEN NAME? UNK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNK (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: MR. JOHN. BUTLER, PHILA. PA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

2317 Immediate cause (a) ARTERIOSCLEROSIS, GENERALIZED — Interval Between Onset And Death: ...

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) ARTERIOSCLEROSIS, CEREBRAL

DUE TO

(c) CEREBRAL VASCULAR ACCIDENT — 2 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. SENILITY

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 OCT, 19 53, to 7 NOV, 19 53, that I last saw the deceased alive on 7 NOV, 19 53, and that death occurred at 8:45 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William N. Fitzpatrick M.D. Spring Grove State Hospital 7 Nov 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Jan 16 1953

NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery

LOCATION (City, town, or county) (State) Laurel, Maryland

DATE REC'D BY LOCAL REGISTRAR NOV 10 - 1953

REGISTRAR'S SIGNATURE Victor E. Harry

24. FUNERAL DIRECTOR ADDRESS DeWitt Donaldson, Laurel, Md

— mxb

VS. 115 7-1

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1953

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lutherville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: College Manor

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ruxton
STREET ADDRESS (If rural give location): Ruxton Rd.

3. NAME OF DECEASED: (First) FANNY (Middle) C. (Last) LEILICH (Type or Print)

4. DATE OF DEATH: (Month) Nov. (Day) 21 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: May 9, 1888

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George A. Chase

14. MOTHER'S MAIDEN NAME: Anna La Barre

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.): - (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO:

17. INFORMANT & ADDRESS: Mr. Roger L. Leilich-Ruxton Rd., Ruxton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1 Immediate cause (a) Coronary thrombosis — 12 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cardiovascular disease — 5 yrs
DUE TO (c) Cerebral hemorrhage and paralysis — about 15 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 ., to Nov 21, 1953, that I last saw the deceased alive on Nov 20, 1953, and that death occurred at 10 am., from the causes and on the date stated above.

SIGNATURE (Degree or title): Walter S Nisbet — ADDRESS: 2226 Harrison Blvd — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 11/23/53

NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem.

LOCATION (City, town, or county) (State): Frederick, Md.

DATE REC'D BY LOCAL REGISTRAR: 11-23-53

REGISTRAR'S SIGNATURE: A. J. Howard

24. FUNERAL DIRECTOR: Wm. J. Pickner & Sons — ADDRESS: Balto 17, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible] 4 1

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson 4, Maryland
LENGTH OF STAY (in this place) (3yrs. 2mos. 15 days)
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Sheppard & Enoch Pratt Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Baltimore
STATE Maryland COUNTY [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arbutus
STREET ADDRESS (If rural give location) 1217 Ten Oaks Road

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) (Last) Levis

4. DATE OF DEATH: (Month) November (Day) 10, (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 11, 1861

9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Real Estate Operator (rtd) Owner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): [redacted], Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Levis

14. MOTHER'S MAIDEN NAME: Elizabeth Lukenan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 547-32-2481

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

420.1
Immediate cause (a) Chronic myocarditis — 3 yr +
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Generalized arteriosclerosis
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis — 3 yr +

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 25, 1950, to Nov. 10, 1953, that I last saw the deceased alive on Nov. 10, 1953, and that death occurred at 10:45 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) J. M. Elgin, M.D.

ADDRESS [illegible] PRATT HOSPITAL Towson Md.

DATE SIGNED 11/11/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal

DATE THEREOF 11/13/53

NAME OF CEMETERY OR CREMATORY Arlington Cem.

LOCATION (City, town, or county) (State) Drexel Hill, Pa.

DATE REC'D BY LOCAL REGISTRAR 11-12-53

REGISTRAR'S SIGNATURE D W Hedrick

24. FUNERAL DIRECTOR: Wm. J. Fickener & Sons

ADDRESS Balto. 17, Md.

VS. 1945

Film#G159 Item# 12 11/10/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 5

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
MARYLAND LENGTH OF STAY (in this place): 178 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 1838 W. Baltimore Street

3. NAME OF DECEASED: (Type or Print) (First) PAUL (Middle) (Last) LIEBEGOTT

4. DATE OF DEATH: (Month) November (Day) 1 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-26-90

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Real estate work

10b. KIND OF BUSINESS OR INDUSTRY: Own

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles H. Liebegott

14. MOTHER'S MAIDEN NAME: Emma Wieprecht

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

289.1

Immediate cause (a) AMYLOIDOSIS DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) UNKNOWN DUE TO

(c)

Interval Between Onset And Death: UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 7, 1953, to Nov. 1, 1953, and that death occurred at 6:25 P. M., from the causes and on the date stated above.

SIGNATURE (Degree or title): William B. Vandegrift, M. D.

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 11-2-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 11/5/53

NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 11-3-53

REGISTRAR'S SIGNATURE: W. J. Hedrick

24. FUNERAL DIRECTOR: William Cook Funeral Home Inc.

ADDRESS: St. Paul and Preston Streets, Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10546

CERTIFICATE OF DEATH

Reg. Dist. No. 14

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg 06X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) TRUMAN (Middle) R. (Last) LINDSAY

4. DATE OF DEATH: (Month) November (Day) 20 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-7-95

9. AGE Last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Still Operator

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New Winsor, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jess L. Lindsay

14. MOTHER'S MAIDEN NAME: Addie Franklin

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: 216-03-9234

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) MYOCARDIAL INFARCTION — Interval Between Onset And Death: 2 Yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) ARTERIOLOSCLEROIS OF CORONARY ARTERIES — Unknown
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work [ ] Not While At Work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct.25, 1953, to Nov.20, 1953, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) WILLIAM B. VANDEGRAFT, M.D.
ADDRESS VAH, FORT HOWARD, MARYLAND
DATE SIGNED 11/21/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-24-1953
NAME OF CEMETERY OR CREMATORY St. James Cemetery,-Dennings, Maryland
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 11-24-53
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR C.M.Waltz
ADDRESS Winfield, Maryland

VS. 3

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1953
BUREAU V. S.

Copy to cHO 11/24/53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10848

CERTIFICATE OF DEATH

Reg. Dist. No. 4-22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians - please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: BALTO. MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: ARBUTUS

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 919 ST. CHARLES AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: MD COUNTY: BALTO.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ARBUTUS

STREET ADDRESS (If rural, give location): 919 ST. CHARLES AVE.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) JOSEPH (Last) LINSENMEYER

4. DATE OF DEATH: (Month) 11 (Day) 8 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: OCT. 7, 190

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OPERATOR

10b. KIND OF BUSINESS OR INDUSTRY: BOOK BINDERY

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: FRANK LINSEN MEYER - DEC

14. MOTHER'S MAIDEN NAME: FLORENCE LYONS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-09-1638

17. INFORMANT & ADDRESS: Mrs. John Linsenmeyer 919 St. Charles Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Pulmonary Edema	15 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Coronary Occlusion	2 hrs
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 8, 1953 to Nov 9, 1953, that I last saw the deceased alive on Nov 8, 1953 and that death occurred at 3:15 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Earl Foss, M.D. ADDRESS 400 Wilkens Ave DATE SIGNED 11-10-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11-11-53 NAME OF CEMETERY OR CREMATORY Loudon Park Cem. LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. Nov 12 53 REGISTRAR'S SIGNATURE Dan Kieffer

24. FUNERAL DIRECTOR George D. Culey ADDRESS Catonsville, Md.

Form 415 8-51

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. (11)

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rittenhouse & Hall Aves.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural give location) Bayside Ave.

3. NAME OF DECEASED: (Type or Print) (First) OLIVER (Middle) GLENN (Last) LINTHICUM

4. DATE OF DEATH: (Month) Nov. (Day) 4 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June 5, 1891

9. AGE Last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Printer (Rtd)

10b. KIND OF BUSINESS OR INDUSTRY: Printing

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Oliver R. Linthicum

14. MOTHER'S MAIDEN NAME: Mary Glenn

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-05-5901

17. INFORMANT & ADDRESS: Halethorpe, Md.
Mrs. Carrie Linthicum-Rittenhouse & Hall Aves

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 4[illegible].1 (a) Coronary Occlusion c

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Myoc. Cal. Infarction

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/3, 1953, to 11/4., 1953, that I last saw the deceased alive on 11/3, 19 53 and that death occurred at 9:01 AM from the causes and on the date stated above.

SIGNATURE John C. Healy M.D. (Degree or title) ADDRESS 1305 Saratoga Ave DATE SIGNED 11/6/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/7/53
NAME OF CEMETERY OR CREMATORY Oaklawn Cem.
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 11/6/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR. Wm. J. Tickner & Sons
ADDRESS Balto. 17, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Balto — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (In this place): 9 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: College Manor Seminary Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 2215 Rodgers Ave

3. NAME OF DECEASED (Type or Print): (First) Carrie (Middle) — (Last) Lipscomb

4. DATE OF DEATH: (Month) Nov (Day) 12 (Year) 1953

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~ (Specify): — 8. DATE OF BIRTH: 9-27-1878 — 9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None — 10b. KIND OF BUSINESS OR INDUSTRY: None — 11. BIRTHPLACE (State or foreign country): Balto Md. — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John D Lipscomb — 14. MOTHER'S MAIDEN NAME: Sarah Ricketts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service): — 16. SOCIAL SECURITY NO.: None — 17. INFORMANT: Mrs John E Gross 4621 Keswick Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Vascular Accident — 2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis - cerebral & generalized — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/23/53, 19....., to 11/12/53, 19....., that I last saw the deceased alive on 11/12/53, 19....., and that death occurred at 1:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Francis W Gluck — ADDRESS: 1 N University Pkwy — DATE SIGNED: 11/13/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Nov 14-1953 — NAME OF CEMETERY OR CREMATORY: Druid Ridge — LOCATION (City, town, or county) (State): Catonsville Md

DATE REC'D BY LOCAL REG.: 11-13-53 — REGISTRAR'S SIGNATURE: W W Hedrick

24. FUNERAL DIRECTOR: Ernest A Lore — ADDRESS: 2326 N Charles St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 45

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Hebbville — LENGTH OF STAY (in this place) 4 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS Windsor Mill Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Baltimore Co.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Hebbville

STREET ADDRESS (If rural give location) Windsor Mill Road

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Emma	J.	Little	11-13-53		19

5. SEX:	COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow	6-10-1863	90 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
At Home		Baltimore County Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Dr. L. G. Grove	Frances Gaskins

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		Mrs. Bertha Liehno Windsor Mill Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42201

Immediate cause (a) Chronic Myocardial Degeneration — Interval Between Onset And Death: 5 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — 8 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
No Operation		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 31, 1949, to Nov. 13, 1953, that I last saw the deceased alive on Nov 13, 1953, and that death occurred at 4.45 PM, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Joshua H. Armacost	M.D.	6419 Windsor Mill Rd Baltimore 7 Md	11/15/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-17-53	Meadow Branch Cem.	Westminister Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
		Ellsworth Armacost

Ellsworth Armacost
4060 Liberty Heights Avenue

VS. 5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 91

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A - 5 - 53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Reisterstown; LENGTH OF STAY (In this place) 6 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Nicodemus + Cherry Tree Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Reisterstown; STREET ADDRESS (If rural, give location) Nicodemus & Cherry Tree Rds.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) (Last) LOTZ

4. DATE OF DEATH (Month) November (Day) 7 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 30 1880

9. AGE Last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: HENRY LOTZ

14. MOTHER'S MAIDEN NAME: CAROLINE RAPP

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-14-4857A

17. INFORMANT & ADDRESS: Mrs. Daisy E. Gue Reisterstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cardiac Failure probably due to Coronary thrombosis — Interval Between Onset and Death: Minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Arteriosclerosis — Years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: None

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Clarence E. McWilliams M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑ DATE SIGNED November 7, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 11-10-53 — NAME OF CEMETERY OR CREMATORY St. Johns — LOCATION (City, town, or county) (State) Ellicott City, Md

DATE REC'D BY LOCAL REG. Nov. 11-53 — REGISTRAR'S SIGNATURE John B. Laughman. Pro. B. & Ld

24. FUNERAL DIRECTOR ADDRESS F. C. Higinbothom, Ellicott City, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 52

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) X Annesley
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 726 Annesley Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Annesley
STREET ADDRESS (If rural give location) 726 Annesley Rd

3. NAME OF DECEASED: (Type or Print) (First) Herbert (Middle) G (Last) Loud, Sr

4. DATE OF DEATH: (Month) Nov (Day) 1 (Year) 1953

5. SEX: M. 6. COLOR OR RACE: W 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M 8. DATE OF BIRTH: May 8 1873 9. AGE last Birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired 10b. KIND OF BUSINESS OR INDUSTRY: Insurance 11. BIRTHPLACE (State or foreign country): Balto. Md 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Grenville Loud 14. MOTHER'S MAIDEN NAME: Amanda Weil

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) 1 (If Yes, give war or dates of service) 16. SOCIAL SECURITY No: 17. INFORMANT & ADDRESS: Mrs H G Loud Sr. Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332 X

Immediate cause (a) ..... Cerebral Thrombosis — Interval Between Onset And Death: 2 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis - generalized — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis

19a. DATE OF OPERATION: None 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-12, 1953 to Oct. 31, 1953, that I last saw the deceased alive on 10-31-, 1953, and that death occurred at 1243 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Arthur Karfgin M.D. ADDRESS 1532 Hanmuse Rd Balto. Md. DATE SIGNED 11/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Nov 3 53 NAME OF CEMETERY OR CREMATORY Green Mount LOCATION (City, town, or county) (State) Balto. Md

DATE REC'D BY LOCAL REGISTRAR 11/2/53 REGISTRAR'S SIGNATURE Hal Hedrick

24. FUNERAL DIRECTOR Henry W Jenkins & Sons ADDRESS 4905 York Rd

Duplicate

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town): Fort Howard
LENGTH OF STAY (in this place): MARYLAND 5 hrs 50 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 410 W. Fayette Street (Moose Lodge)

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) A. (Last) MAHONEY

4. DATE OF DEATH: (Month) November (Day) 19 (Year) 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-18-74

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Philadelphia, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Edward Mahoney

14. MOTHER'S MAIDEN NAME: Ellen Leahy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) SAW

16. SOCIAL SECURITY NO.: [illegible] 3107

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hospital, Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) GENERALIZED ARTERIOSCLEROSIS WITH SENILITY — Interval Between Onset And Death: UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) CACHEXIA — Interval Between Onset And Death: UNKNOWN

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 18 1953, to Nov. 19 1953, [illegible] and that death occurred at 1:05 A.M., from the causes and on the date stated above.

7:15 P.M. 1:05 A.M.

SIGNATURE [illegible] (Degree or title) ADDRESS DATE SIGNED

FRANCIS G. DICKEY, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 11-19-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Nov. 21/53

NAME OF CEMETERY OR CREMATORY: Woodlawn

LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REGISTRAR: 11/20/53

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: [illegible] Funeral Home, Philip Herwig-Sons

ADDRESS: 2024 Orleans St. Baltimore, Md.

VS. [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Asie + Tyson Rd Rt

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto
STREET ADDRESS (If rural, give location) 1603 Eareckson Pl

3. NAME OF DECEASED (Type or Print): (First) Stephen (Middle) J. (Last) Matis

4. DATE OF DEATH: (Month) 11 (Day) 14 (Year) 53

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Nov. 30, 1913 | 9. AGE last birthday: 39 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber's helper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Stephen Joseph Matis
14. MOTHER'S MAIDEN NAME: Catherine Coleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 071-16-7913
17. INFORMANT AND ADDRESS: Mrs. Ethel Matis 1603 Eareckson Pl.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4201 Immediate cause (a) Coronary occlusion — Interval between onset and death: Some hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 11-14-53 2 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
M.D. Deputy Medical Examiner Balto. Co. Dundalk 22 nd 11/14/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Nov. 18, 1953
NAME OF CEMETERY OR CREMATORY: Baltimore National Cem.
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 11-17-53
REGISTRAR'S SIGNATURE: M.W. Hedrick
24. FUNERAL DIRECTOR: SANDER & SONS ADDRESS: Baltimore, Maryland
Geo. F. Sander

DMR

15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING — PLEASE WRITE IN UNFADING INK. Supply every item of information carefully. The correct ... especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (In this place) 2+
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maple Glen Lane Daughters of Charity

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) Reeds Knoll

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Anna	Mc	Andrew	Nov	5	53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Single	Nov 1880	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	—	Md	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Patrick McAndrew	Honora Hennigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	—	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170X

Immediate cause (a) Acute Cardiac Failure

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardio Vascular disease

(c) Carcinoma of Breast (Left)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ✓ accident , suicide , homicide , undetermined .*

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
Geo M Kieffer M.D.	Med Arch Bldg Baltimore 1010 Linden Ave	Nov 5 53

BURIAL, CREMATION OR REMOVAL (Specify)	DATE OF DEATH	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-9-53	Cathedral Cem	Balto Md

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-7-53	V E Harris	George A Farley	Catonsville Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (RURAL) TOWSON
LENGTH OF STAY (In this place) 24 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS PROVIDENCE, RD

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (RURAL) TOWSON
STREET ADDRESS (If rural, give location) PROVIDENCE RD.

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) STUART (Last) McKENZIE

4. DATE OF DEATH (Month) 11 (Day) 9 (Year) 1953

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH 1889 OCT 2

9. AGE Last birthday 64 yrs.

If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron + Steel

10b. KIND OF BUSINESS OR INDUSTRY Bridge

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME JOHN McKENZIE

14. MOTHER'S MAIDEN NAME ANNIE KINNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS John McKenzie Ft Providence Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

251.1

Immediate cause (a) BRONCHOPNEUMONIA — Interval between onset and death: 24 HRS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) AMYOTROPHIC LATERAL SCLEROSIS — Interval between onset and death: 1 YEAR

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/23, 1953, to 11/9, 1953, that I last saw the deceased alive on 11/9, 1953, and that death occurred at 4:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Donald L. Somerville, M.D. 25 W. Pa. Ave. Towson 4, Md. Nov 9, 1953

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE THEREOF 11- 1953

NAME OF CEMETERY OR CREMATORY WOODLAWN

LOCATION (City, town, or county) (State) WOODLAWN MD.

DATE REC'D BY LOCAL REG. 11-10-53

REGISTRAR'S SIGNATURE C W Redecker

24. FUNERAL DIRECTOR ADDRESS H. W. JENKINS & SONS CO. 4705 YORK RD. BALTO.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22
LENGTH OF STAY (In this place) 22 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3012 Dunglow Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22
STREET ADDRESS (If rural, give location) 3012 Dunglow Rd

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Robert	Sylvester	McKenna	11-6-1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M.	W.	Married	3-28-1892	61 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Federal Tax Collector	U.S. Gov.	Penna.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Patrick F. McKenna	Mary J. Murtha

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WW I	228-28-3680	Ada H. McKenna - Widow - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Cerebral Embolism	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Auricular fibrillation	"
(c)	Hypertension Cardio-vascular disease 1 yr.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11-1, 1953, to 11-6, 1953, that I last saw the deceased alive on 11-6, 1953 and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Eugene F. Wery	M.D.	Dundalk 22, Md	11-7-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-9-53	Balto. National	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 8-1953	Harrison M. Kelly	Walter Lindy Funeral Home	Dundalk, Md.

RE
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 50

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Howardville
LENGTH OF STAY (in this place) 5 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Walnut Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Howardville
STREET ADDRESS (If rural, give location) Walnut Ave.

3. NAME OF DECEASED: (Type or Print) (First) Aaron (Middle) Maurice (Last) McKethan

4. DATE OF DEATH: (Month) Nov. (Day) 24, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: June 25, 1953

9. AGE Last birthday: ------- yrs
IF UNDER 1 YEAR: Months 5 Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James McKethan

14. MOTHER'S MAIDEN NAME: Lillian Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mr. James McKethan-Walnut Ave. Howardvil Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Congenital disease of the chest ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/23, 1953, to 11/24, 1953, that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE Louis Dalmau — (DEGREE OR TITLE) ADDRESS Louis Dalmau, M.D. Pikesville 8, Md. — DATE SIGNED 11/24/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Nov. 25, 1953

NAME OF CEMETERY OR CREMATORY St. Thomas Cem.

LOCATION (City, town, or county) (State) Baltimore Co., Maryland

DATE REC'D BY LOCAL REG. 11-24-53

REGISTRAR'S SIGNATURE a w Hedrick

24. FUNERAL DIRECTOR Holland Funeral Home

ADDRESS 1631 Druid Hill Ave.

2063272405

VS-A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 '58

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2306 Birch Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural, give location) 2306 Brick Drive

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) T. (Last) MEAD, III

4. DATE OF DEATH: (Month) (Day) (Year) November 5, 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: March 14, 1942

9. AGE last birthday: 11 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John T. Mead, Jr.

14. MOTHER'S MAIDEN NAME: Grace M. Spadaro

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) --

16. SOCIAL SECURITY No.: --

17. INFORMANT & ADDRESS: John T. Mead, Jr., 2306 Birck Drive, Woodlawn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 456X
(a) Cardiac Failure & Uremia
INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Probable Collagen Vascular Disease — 10 months

DUE TO

(c) Periarteritis Nodosa suspected but not proven

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1953, to Nov, 1953, that I last saw the deceased alive on 11/5, 1953, and that death occurred at 11:15 p.m., from the causes and on the date stated above.

SIGNATURE Milton Markowitz (DEGREE OR TITLE) M.D. ADDRESS 1104 ST. Paul ST DATE SIGNED Nov 5, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 11/9/53
NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 11/6/53
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Wm. Cook, Inc., ADDRESS 1217 St. Paul Street

A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

'60

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex. Balto 21 | LENGTH OF STAY (in this place) 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1633 Pulaski Highway Rt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Ramelle.
STREET ADDRESS (If rural, give location) Rural.

3. NAME OF DECEASED (Type or Print): (First) Grover (Middle) Cleveland (Last) Meade.

4. DATE OF DEATH: (Month) Nov (Day) 15 (Year) 53.

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: March 26-1885 | 9. AGE last birthday: 68 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal Miner. | 10b. KIND OF BUSINESS OR INDUSTRY: Retired. | 11. BIRTHPLACE (State or foreign country): West Virginia | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis Meade | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): — | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT AND ADDRESS: Lucy Ethel Meade same town

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure - Instant.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerotic disease -

(c) Diabetes Mellitus, Cardiac Enlargement

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF ~~INJURY~~ Death (Month) (Day) (Year) (Hour) 11 - 15 - 53 8 A. m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ___, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ( ), accident ( ), suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) Deputy Medical Examiner ADDRESS Frederick Co. Frederick Md. DATE SIGNED 11/17/53.

W. M. Carmine M.D.

23. BURIAL, CREMATION, REMOVAL (Specify): Removed | DATE THEREOF: 11/16/53 | NAME OF CEMETERY OR CREMATORY: Meadowbridge | LOCATION (City, town, or county) (State): East Ramelle W Va.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS: John G. Connelly, Essex, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 61

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural: Towson
LENGTH OF STAY (in this place): 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium, Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 1416 W Fayette St.

3. NAME OF DECEASED: (Type or Print) (First) RUTH (Middle) Irene (Last) MEFFORD

4. DATE OF DEATH: (Month) 11 (Day) 1 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: March 5 1912

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Adrem

14. MOTHER'S MAIDEN NAME: Alice Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Ethel Dunkle 1903 Hazelhurst

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Pulmonary Tuberculosis — Interval Between Onset And Death: 2 yrs

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. (b) DUE TO:

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1953, to Nov 1, 1953, that I last saw the deceased alive on Oct 31, 1953, and that death occurred at 10.45 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): Milton B Kress M.D. ADDRESS: Eudowood Sanatorium - Towson 4, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/4/53 — NAME OF CEMETERY OR CREMATORY: Lorraine Park Cem. — LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR: 11/3/53 — REGISTRAR'S SIGNATURE: Dan Hedrick, Deputy

24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons — ADDRESS: Balto. 17, Md.

VS. A (T)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 109 West Fort Avenue

3. NAME OF DECEASED: (First) Walter (Middle) Howard (Last) Miller

4. DATE OF DEATH: (Month) November (Day) 10, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 8-10-1878

9. AGE last birthday: 75 yrs.
IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Miller

14. MOTHER'S MAIDEN NAME: Bessie Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0
Immediate cause (a) Cardiac failure — Interval between onset and death:
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Arteriosclerotic heart disease — Years
DUE TO
(c) Generalized arteriosclerosis — Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-24-, 19..53, to 11-10-, 19..53, that I last saw the deceased alive on 11-10-, 19..53., and that death occurred at 3:00 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Ethel B. Hurmann-Brown MD Spring Grove State Hospital 11-10-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 11/13/53 — NAME OF CEMETERY OR CREMATORY Cedar Hill. — LOCATION (City, town, or county) (State) A. A. Co. Md.

DATE REC'D BY LOCAL REG. 11-12-53 — REGISTRAR'S SIGNATURE C W Hedrick

24. FUNERAL DIRECTOR Wm Cook Inc. — ADDRESS 1217 St Paul St.

M 1 T

16—8-51

Film#G159 Item# 14 11/20/53 cmp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10863

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN --
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6305 Pinehurst Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN --
STREET ADDRESS (If rural give location) 6305 Pinehurst Rd.

3. NAME OF DECEASED: (Type or Print) (First) FANNIE (Middle) (Last) MULIEN

4. DATE OF DEATH: (Month) Nov. (Day) 15, (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Feb. 5, 1864

9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Bloomington, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Elliott

14. MOTHER'S MAIDEN NAME: Eliza - unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT & ADDRESS: Mrs. Ora E. Raley-6305 Pinehurst Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592 X

Immediate cause (a) Uremia

DUE TO (b) Edema Salt retention

Antecedent causes (c) Chronic nephritis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO

Interval Between Onset And Death: 1 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ,19 , to , 19 , that I last saw the deceased alive on Apr. 19, 1943, and that death occurred at Nov 15/53, from the causes and on the date stated above.

SIGNATURE John A Luetscher (Degree or title) M.D. ADDRESS 122 Eager St DATE SIGNED Nov. 16/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11/18/53 NAME OF CEMETERY OR CREMATORY Philos Lodge LOCATION (City, town, or county) Westernport, Md. (State) Md

DATE REC'D BY LOCAL REGISTRAR NOV 18 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wm. J. Dickner & Sons ADDRESS Balto 17, Md.

VS. A4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]61

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Granite
LENGTH OF STAY (in this place) 84
HOSPITAL OR INSTITUTION OR STREET ADDRESS Summit Ave.,

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Baltimor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Granite
STREET ADDRESS (If rural give location) Summit Ave.,

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Ellen (Last) Murray

4. DATE OF DEATH: (Month) Nov. (Day) 21, (Year) 1953.

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: Feb.14,1869 | 9. AGE last birthday: 84 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Caleb Bortell
14. MOTHER'S MAIDEN NAME: Bridget Looby

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Raymond I. Murray — Box 332 Pikesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) 442 X Hypertensive C.V. disease = Renal damage severe — 15 YEARS.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Congestive Heart Failure — 2 MONTHS.
DUE TO (c) Generalized arteriosclerosis - severe — 10 YEARS

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to Nov. 21, 1953, that I last saw the deceased alive on Nov. 21, 1953, and that death occurred at 4.40 p.m. from the causes and on the date stated above.

SIGNATURE Roman E. Wheeler (Degree or title) MD ADDRESS Randallstown Md. DATE SIGNED 11-23-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 11-25-1953 | NAME OF CEMETERY OR CREMATORY St. Alphonsus | LOCATION (City, town, or county) Granite, (State) Md.

DATE RECD BY LOCAL REGISTRAR 11-23-53 | REGISTRAR'S SIGNATURE a w Hedrick

24. FUNERAL DIRECTOR G. Howard Strong — ADDRESS 3207 W. North Ave.,

VS. 15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—2-51

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard, Maryland

LENGTH OF STAY (in this place) 405 Days 407

HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore CM 4

STREET ADDRESS (If rural, give location) 410 West Fayette Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
EDWARD	J.	MYERS	November	27,	19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	11-25-87	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Machinist	Bartlett-Haywood	Baltimore, Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Joseph Myers	Anna Herman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WW 1	212-09-1440	Clin.Rec.,Vet.Adm.Hosp., Fort Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

1547

Immediate cause (a) CARCINOMA OF RECTUM — INTERVAL BETWEEN ONSET AND DEATH: 21 months

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 16, 19 52., to Nov. 27., 19 53., ~~that I saw the deceased on the dates last mentioned~~ and that death occurred at 7:45 P.M. from the causes and on the date stated above.

SIGNATURE: William B. Vandegrift

(DEGREE OR TITLE) WILLIAM B. VANDEGRIFT, M. D.

ADDRESS VAH, FORT HOWARD, MARYLAND

DATE SIGNED 11-28-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-1-53	Western Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
		Howard Blight Funeral Home 6009 Harford Road, Baltimore 14, Maryland

Howard F. Blight

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8527 Oak Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural give location) 8527 Oak Road

3. NAME OF DECEASED: (Type or Print) (First) AUGUSTUS (Middle) S. (Last) NESS

4. DATE OF DEATH: (Month) November (Day) 5 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: July 13 1882

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerk, U.S.

10b. KIND OF BUSINESS OR INDUSTRY: Government

11. BIRTHPLACE (State or foreign country): Brooklyn, New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander Ness

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Teresa W. Ness, 8527 Oak Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Cerebral vascular hemorrhage — 5 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertensive arterio sclerotic Cardio vascular disease

DUE TO (c) 443*

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/25, 19 2 to 11/5, 19 53, that I last saw the deceased alive on 11/5, 19 53, and that death occurred at 11:28 A.M., from the causes and on the date stated above.

SIGNATURE Gordon Braun (Degree or title) MD ADDRESS 8523 Jock River Blvd DATE SIGNED 11/5/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11/9/1953

NAME OF CEMETERY OR CREMATORY New Cathedral Cem.

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 11/6/53

REGISTRAR'S SIGNATURE Edward J. Kelly

24. FUNERAL DIRECTOR Edward J. Kelly ADDRESS 3605 Harford Road.

VS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard

LENGTH OF STAY (in this place): 50 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 823 N. Charles Street

3. NAME OF DECEASED: (First) JOHN (Middle) D. (Last) NICHOLS

4. DATE OF DEATH: (Month) November (Day) 27 (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Widowed	11-14-74	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Worchester, Mass.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Isiah Nichols

14. MOTHER'S MAIDEN NAME: Sara Gibbons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 12-8-99 to 12-7-02

16. SOCIAL SECURITY NO.: 218-09-8340

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
181 X Immediate cause	(a) CARCINOMA OF BLADDER WITH METASTASIS	UNKNOWN
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) UREMIA	UNKNOWN
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-19-53

19b. MAJOR FINDINGS OF OPERATION: Transurethral resection 10-22-53 Transurethral resection

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 8, 19.53., to Nov. 27, 19.53., ~~xxxxxxxxxxxxxxxxxxxx~~, and that death occurred at 12:10 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

David W. Parke M.D. VAH, FORT HOWARD, MARYLAND — 11-28-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 12-1-53

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Howard Blight Funeral Home — ADDRESS: 6009 Harford Rd. Baltimore 11, Md.

Mildred R. Blight

V 115 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

68

Reg. Dist. No. 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore 19 MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6996 Riverdrive Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE as COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN as
STREET ADDRESS (If rural give location) #1.

3. NAME OF DECEASED: (Type or Print) (First) LEWIS (Middle) H. (Last) NIEMYER.

4. DATE OF DEATH: (Month) Nov. (Day) 9 (Year) 1953.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 29. 1882.

9. AGE last birthday: 70 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Pattern Maker.

10b. KIND OF BUSINESS OR INDUSTRY: Airplane

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Niemyer.

14. MOTHER'S MAIDEN NAME: Mary Mumberger.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-07-3132

17. INFORMANT & ADDRESS: Larkin Niemyer. Ft. Howard P.O.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 X

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 16 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 5 years

DUE TO (c) Hypertensive Cardio Vascular Disease — 6 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 20, 1953, to Nov. 9, 1953, that I last saw the deceased alive on Nov. 8, 1953, and that death occurred at 1:05 A., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Louis N. Holein. M.D. 6908 North Pt. Rd. - Balto 19 - 11/9/53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Nov. 12 '53
NAME OF CEMETERY OR CREMATORY: Schwartz Cemetery
LOCATION (City, town, or county) (State): Baltimore City

DATE REC'D BY LOCAL REGISTRAR: 11-10-53
REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Lillye Zeiler ADDRESS: 1240 S. Wolfe St.

VS. 3

Film#G159 Item#13 11/24/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Balto. — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 24 West Pt Marble Emory St Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Balto.
STREET ADDRESS (If rural, give location): 3009 Pulaski Hwy.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Paul (Last) Nooft.

4. DATE OF DEATH: (Month) Nov (Day) 14 (Year) 53

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write): Married

8. DATE OF BIRTH: Dec 27 1900

9. AGE last birthday: 52 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber

10b. KIND OF BUSINESS OR INDUSTRY: Self-Employed

11. BIRTHPLACE (State or foreign country): Balto Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Nooft

14. MOTHER'S MAIDEN NAME: Theresa Logan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Irene Nooft.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH: Immediate

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF (Month) (Day) (Year) (Hour): ~~Death~~ 11-14-53 9 A.M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or Title): J. McLearning M.D. ADDRESS: Deputy Medical Examiner Balto Co. Dundalk Md DATE SIGNED: 11/14/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11/18/1953
NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery
LOCATION (City, town, or county) (State): Eastern Ave.

DATE REC'D BY LOCAL REG.:
REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: John J. Connelly
ADDRESS: East Md.

15A

Film#G160 Item# 14 12/1/53 emc

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 3 70

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Towson
LENGTH OF STAY (in this place): 17 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: #3 Gearld Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 3 Gearld Ave

3. NAME OF DECEASED: (Type or Print) (First) Lilly (Middle) Mae (Last) Norris

4. DATE OF DEATH: (Month) November (Day) 30 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 17 November 1889

AGE last birthday: 64 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Corbett, Balto Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Steve Matthews

14. MOTHER'S MAIDEN NAME: Jannie Mattews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: No

17. INFORMANT & ADDRESS: Ida Jackson - daughter - same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X
Immediate cause (a) Cerebral Vascular Accident — Interval Between Onset and Death: 5 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Cerebral and General Arteriosclerosis — 7 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1952, to Nov., 1953, that I last saw the deceased alive on 28 Nov., 1953, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

SIGNATURE Walter T. Kee (DEGREE OR TITLE) M.D. ADDRESS Cockeysville, Md. DATE SIGNED 30 Nov. 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-4-53 — NAME OF CEMETERY OR CREMATORY: HEREFORD Cemetry — LOCATION (City, town, or county): HEREFORD (State): Md

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR William A Jackson — ADDRESS 916 Penna ave

A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A17

71

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS PT. | LENGTH OF STAY (In this place) 9 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 311 E STREET.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS POINT (19)
STREET ADDRESS (If rural, give location) 311 E STREET

3. NAME OF DECEASED (Type or Print) (First) BLANCHE (Middle) (Last) OATMAN

4. DATE OF DEATH (Month) 11 (Day) 27 (Year) 1953

5. SEX FEM

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH 14 OCT. 1873

9. AGE last birthday 80 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) PENNA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ADAM MOSS

14. MOTHER'S MAIDEN NAME AMANDA (?)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | (If year, give war or dates of service) NO

16. SOCIAL SECURITY NO. NONE

17. INFORMANT AND ADDRESS ROBT. M. OATMAN - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X **Immediate cause** (a) Cerebral Hemorrhage — Interval Between Onset and Death: 72 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis generalized — ? 15 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | **INJURY OCCURRED** While at Work ☐ Not While At work ☐ | **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 9-1, 1953, to 11-27, 1953, that I last saw the deceased alive on 11-26, 1953, and that death occurred at 12:15 a.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS 520 DST. SPTS DATE SIGNED 11-27-53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE 11-30-53 | NAME OF CEMETERY OR CREMATORY FAIR VIEW | LOCATION (City, town, or county) (State) ALTOONA, PENNA

DATE REC'D BY LOCAL REG. 11-30-1953 | REGISTRAR'S SIGNATURE Dawson L. Harbert | **24. FUNERAL DIRECTOR** Wells Burke Bradley, Duluth Md. | ADDRESS

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mar Lawson | LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Armacost Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2124 Monument St.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Henry (Last) Oler
4. DATE OF DEATH: (Month) Nov (Day) 17 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Dec 1 1876
9. AGE last birthday: 76 yrs. | If under 1 year: Months — | Days — | If under 24 hrs.: Hours — | Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Ice
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm. G. Oler
14. MOTHER'S MAIDEN NAME: Catherine Bride

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO. 212-07-0003A
17. INFORMANT: Mrs Hazel M. West 4435 Hillsdale Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1774 Immediate cause (a) Carcinoma Prostate with — Interval between onset and death: 2 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) metastasis to the Liver
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1951
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Prostate Gland.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24-Jan, 1953, to 17-Nov, 1953, that I last saw the deceased alive on 17-Nov, 1953 and that death occurred at 1230 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Chas E. McEdwards MD 2746 Lee Alameda 19-Nov-1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Nov 20/53 | NAME OF CEMETERY OR CREMATORY: Govn Mount | LOCATION (City, town, or county) (State): Balto. Md.
DATE REC'D BY LOCAL REG.: 11/19/53 | REGISTRAR'S SIGNATURE: H. W. Hoelscher
24. FUNERAL DIRECTOR: Stillwell Mortuary | ADDRESS: 108 W North Ave Balto.

V-115

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 .73

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 711 E. 37th Street

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) DANIEL (Last) PARSONS

4. DATE OF DEATH: (Month) November (Day) 9 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-22-90

9. AGE last birthday: 63 yrs.
IF UNDER 1 YEAR: Months ... Days ...
IF UNDER 24 HRS.: Hours ... Min. ...

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY: Glenn L. Martin

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Parsons

14. MOTHER'S MAIDEN NAME: Clara Anna Ludwig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes
(If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 215-05-9339

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

463X
Immediate cause (a) PULMONARY INFARCTION — Interval Between Onset And Death: 1½ weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) THROMBOPHLEBITIS, LEFT LEG — 2 weeks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 25, 19 53, to Nov. 9, 19 53 and that death occurred at 4:20 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
FRANCIS G. DICKEY, M.D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD 11-9-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11/12/53
NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland
ADDRESS

DATE REC'D BY LOCAL REGISTRAR: 11/10/53
REGISTRAR'S SIGNATURE: A W Heilrich

24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons, Inc.
North & Pa. Aves., Baltimore, Md.

VS.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

115A

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Marsh
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pulaski Highway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Victory Villa
STREET ADDRESS (If rural, give location) 910 Court St.

3. NAME OF DECEASED (Type or Print): (First) ELSIE (Middle) JEAN (Last) PENN

4. DATE OF DEATH: (Month) 11 (Day) 25 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: July 5, 1932

9. AGE last birthday: 21 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Merica N. J.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Nicholas Giordano

14. MOTHER'S MAIDEN NAME: Elsie F. Drake

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Nicholas Giordano

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

94/X

Immediate cause (a) GUNSHOT WOUNDS OF HEAD AND

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) BACK

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE: Joseph A. Jachimczyk (Degree or title) M.D. ADDRESS 700 Fleet St Baltimore 2, Md DATE SIGNED 11-26-53

BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 11/28/53 | NAME OF CEMETERY OR CREMATORY Evergreen Mem. | LOCATION (City, town, or county) Bird River Rd. | (State) Md.

DATE REC'D BY LOCAL REG. 11-27-53 | REGISTRAR'S SIGNATURE C W Hedrick | 27. FUNERAL DIRECTOR John G. Connelly | ADDRESS 418 Eastern Ave Balto 21 Md.

Film 3159 Item 14 11/13/53 emd

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Fusting Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 24 N.Belle Grove Rd. 28

3. NAME OF DECEASED (Type or Print): (First) DONA (Middle) H. (Last) PEPIN
4. DATE OF DEATH: (Month) November (Day) 3 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. ~~SINGLE, MARRIED~~ WIDOWED, ~~DIVORCED~~ (Specify) widowed
8. DATE OF BIRTH: May 10, 1882
9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspector
10b. KIND OF BUSINESS OR INDUSTRY: Street Railways.
11. BIRTHPLACE (State or foreign country): Manchester, N.H.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Pepin
14. MOTHER'S MAIDEN NAME: Honorine unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 026-10-9634 A
17. INFORMANT AND ADDRESS: Mr. Donald D.Pepin, 24 N.Belle Grove Rd. 28

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
422.2 Immediate cause	(a) ARTERIOSCLEROSIS, CHRONIC WITH ARTERIOSCLEROTIC	6 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) PNEUMONITIS.	1 week
	(c) SENILITY.	YEAR

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): 0
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): 0
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 16, 1953, to Nov. 3, 1953, that I last saw the deceased alive on Nov. 3, 1953 and that death occurred at 4:4 P. m., from the causes and on the date stated above.

SIGNATURE: S. Lloyd Johnson (Degree or title) MD — ADDRESS: 6348 FREDERICK ROAD CATONSVILLE MD — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: Nov.3,1953
NAME OF CEMETERY OR CREMATORY: Notre Dame Cemetery
LOCATION (City, town, or county) (State): S.Hadley Falls, Mass.

DATE REC'D BY LOCAL REG. NOV 4
REGISTRAR'S SIGNATURE: Victor Harkins M.D.
24. FUNERAL DIRECTOR: Wm J. Tribner & Son — ADDRESS: Baltimore Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH — COUNTY: BALTO — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK (22) — LENGTH OF STAY (In this place): 53 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 205 PATAPSCO AVE

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK (22)
STREET ADDRESS (If rural, give location): 205 PATAPSCO AVE.

3. NAME OF DECEASED (Type or Print): (First) SOPHIA (Middle) CROUCH (Last) PERKINS
4. DATE OF DEATH: (Month) 11 (Day) 8 (Year) 1953
5. SEX: FEM.
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: AUG. 11, 1878
9. AGE last birthday: 75 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: — —
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOHN W. CROUCH
14. MOTHER'S MAIDEN NAME: DORA A. VIRNAU
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS: MRS. WOLPHE. MULLAR

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
331X Immediate cause	(a) Hemiplegia	4 yrs.
Antecedent cause(s)	(b) Cerebral Hemorrhage	4 yrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Cerebral Arteriosclerosis	4 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1949, to 8 Nov., 1953, that I last saw the deceased alive on 8 Nov., 1953, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): B. W. Tallod, M.D. — ADDRESS: 2900 Dunran Rd. — DATE SIGNED: 9 Nov. '53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: 11-11-1953 — NAME OF CEMETERY OR CREMATORY: SHA. M.H. CEM. — LOCATION (City, town, or county) (State): BALTO. CO., MD.

DATE REC'D BY LOCAL REG.: NOV. 9 1953 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR — ADDRESS: [illegible] Dundalk, Md.

VS. A15

U.
NOV 1
BUREAU V. S

0577

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Haywood Heights
LENGTH OF STAY (In this place): 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3619 Lockwood Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Haywood Heights
STREET ADDRESS (If rural, give location): 3619 Lockwood Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mary	Margaret	Pfeiffer	Nov. 1, 1953 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Widowed	July 12, 1884	69 yrs yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Baltimore, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Herman F. Radecke	Mary Meyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	No	3619 Lockwood Rd. Mrs. Caroline M. Killian, Haywood Heights

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chr. Glomerulonephritis & Uremia	6 mos.
350X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gen. Arteriosclerosis.	?
	(c) Parkinson's Syndroma	3 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Paget's Disease	3 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ——, 1940, to 11-1-, 1953 that I last saw the deceased alive on 11-1-, 1953, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert H. Sieve M.D. — ADDRESS: 3105 N. Charles St. — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 4, 1953	Loudon Park Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/4/53	Mrs. W. Hedrick Deputy	Miles Funeral	4510 Liberty Heights Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]78

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Phoenix Cockeysville RURAL
LENGTH OF STAY (in this place) 3 yrs. 8 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Offutt Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Phoenix
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) Neuman (Last) Philpot

4. DATE OF DEATH: (Month) Nov. (Day) 9 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: April 13, 1872

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE. (State or foreign country): Balto. City, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: W. A. Neuman

14. MOTHER'S MAIDEN NAME: Elizabeth ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Malcolm Philpot, Phoenix, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Vascular Accident — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Cerebral Arterio sclerosis — over 5 yrs

DUE TO

(c) and generalized arterio sclerosis

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible]50, to Nov., 1953, that I last saw the deceased alive on 8 Nov., 1953, and that death occurred at 3:00 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter T. Lees M.D. — ADDRESS Cockeysville Md. — DATE SIGNED 9 Nov. 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11-11-53 — NAME OF CEMETERY OR CREMATORY Poplar Grove — LOCATION (City, town, or county) (State) Cockeysville, Md.

DATE REC'D BY LOCAL REGISTRAR 9 Nov 53 — REGISTRAR'S SIGNATURE Irma Armistead MacRae

24. FUNERAL DIRECTOR — ADDRESS J. Scott Brooks, Sparks, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 5

NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10879

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN LONG GREEN
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LONG GREEN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) EDWARD (Last) PHILLIPS

4. DATE OF DEATH: (Month) 11 (Day) 9 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: SEPT. 12, 1901

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY: GROCERIES

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN W. PHILLIPS

14. MOTHER'S MAIDEN NAME: LILLIE B. MILLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-07-8541

17. INFORMANT & ADDRESS: MRS. DAGMAR B. PHILLIPS (ABOVE)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 197X

DUE TO (b) obstructive Jaundice

Antecedent causes (c) metastasis to liver of.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (c) Fibro myxo Sarcoma

Interval Between Onset And Death: 2 months; 3 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1950

19b. MAJOR FINDINGS OF OPERATION: Fibro myxo Sarcoma.

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, to Nov. 8, 1953, that I last saw the deceased alive on 11/2, 1953, and that death occurred at 9am 11/9/53, from the causes and on the date stated above.

SIGNATURE (Degree or title) Albert H. Mortimer Jr. Md. ADDRESS 2706 St Paul St Balto 18 Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF 11-9-1953 NAME OF CEMETERY OR CREMATORY WILSONS LOCATION (City, town, or county) LONG GREEN (State) MD

DATE REC'D BY LOCAL REGISTRAR 11-10-53 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR H. W. JENKINS & SONS CO ADDRESS 4905 YORK RD. BALTO. 12, MD.

VS. 1

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kalb Farm Dairy, Rolling Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 611 W. Baltimore Street

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) (Last) PLAGEMAN
4. DATE OF DEATH: (Month) November (Day) 17 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH:
9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM HAND
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: ? PLAGEMAN
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): YES WW I
16. SOCIAL SECURITY NO.: 230-09-4590
17. INFORMANT AND ADDRESS: MR EDGAR KOLB. Woodlawn, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

916.1 **Immediate cause** (a) Carbon monoxide poisoning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Second and third degree burns 60% of body

(c) Acute alcoholism

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Farm — (CITY OR TOWN) (COUNTY) (STATE): Woodlawn, Baltimore County, Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour): 11/17/53 1:30 A.M. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR: Carbon monoxide poisoning Conflagration

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: William V. Lovett (Degree or title) ADDRESS: 700 Fleet St., Baltimore, Md. DATE SIGNED: Nov. 17, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/20/53 — NAME OF CEMETERY OR CREMATORY: Arlington National Cem — LOCATION (City, town, or county) (State): Washington

DATE REC'D BY LOCAL REG. 11/18/53 — REGISTRAR'S SIGNATURE: August H. Bonaiti

24. FUNERAL DIRECTOR: Charles P. Towell — ADDRESS: 410 Windsor Mill Rd.

js

BUREA

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Overlea — LENGTH OF STAY (In this place): 35yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Overlea
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3 Madeline Ave	STREET ADDRESS (If rural, give location): 3 Madeline Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Romanus	H.	Richter	Nov.	11	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	Aug 22 1900	53 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Tailor Pressing	English American	Balto.	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Richter	Christina Enders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Marzella Trabing 3 Madeline Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
420 Immediate cause (a) Coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
about 11-11-53 7 p.m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J M Clemmens M.D. Deputy Medical Examiner Balto. Co. Dundalk 22 Md. 11/12/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	NOV 14 1953	HOLY REDEEMER CEM.	4430 BELAIR RD MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
11-12-53	C Wilfong	Duffel Bros 1800 E LOMBARD ST

VOST

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10082 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1001 Arran Road

3. NAME OF DECEASED: (Type or Print) (First) MARGIE (Middle) ERMA (Last) ROBERTSON
4. DATE OF DEATH: (Month) November (Day) 4 (Year) 19 53
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Aug. 1, 1899
9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: seamstress
10b. KIND OF BUSINESS OR INDUSTRY: Aetna Shirt Co.
11. BIRTHPLACE (State or foreign country): Philippi, W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Baker
14. MOTHER'S MAIDEN NAME: Ollie Rucker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Robert Robertson, son, 6401 Sherwood Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174 X

Immediate cause (a) Generalized metastasis - lungs + Bones. DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Adenocarcinoma Breast DUE TO

(c)

Interval Between Onset And Death: 4 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 53 to Nov. 4, 19 53 that I last saw the deceased alive on Nov. 3, 19 53 and that death occurred at 2:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wm S. Carr Jr M.D. 6201 York Rd 11/4/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF Nov. 5, 1953
NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cem.
LOCATION (City, town, or county) (State) Philippi, W. Va.

DATE REC'D BY LOCAL REGISTRAR 11-4-53
REGISTRAR'S SIGNATURE W W Hersman
24. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.
ADDRESS 2601-3-5 E. Madison St.

VS. 55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville

LENGTH OF STAY (in this place): 26

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 78 N. Prospect Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Balto.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville

STREET ADDRESS (If rural give location): 78 N. Prospect Avenue

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Earle (Last) Rochester

4. DATE OF DEATH: (Month) 11 (Day) 4 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4-6-1879

9. AGE Last birthday: 74 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Jewelry

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Rochester

14. MOTHER'S MAIDEN NAME: Frederica Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr. Sinclair Kennedy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 600.0

(a) Bilateral pyonephrosis with uremia

DUE TO Advanced arteriosclerotic cardiovascular decision with myocardial degeneration

(b) .....

DUE TO

(c)

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

Interval Between Onset And Death: Two months / Indefinite

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. a. urethral stricture b. Peri-urethral abscess c. Multiple prostatic calculi

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 JAN., 19 53, to 4 NOV., 19 53, that I last saw the deceased alive on 3 NOV, 19 53, and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Emil H. Henning Jr M.D 601 Winans Way Balto 29 Md 5 Nov 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11-7-53 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 11-7-53 — REGISTRAR'S SIGNATURE: W. E. Harris

24. FUNERAL DIRECTOR: MacNabb and Son — ADDRESS: Catonsville

VSA

BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) Week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Three Pines Nursing Home (or)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural give location) 1022 North Market St.

3. NAME OF DECEASED: (Type or Print) (First) EUGENE (Middle) A. (Last) ROELKE

4. DATE OF DEATH: (Month) Nov. (Day) 1. (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Jan. 31 1867

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Sexton

10b. KIND OF BUSINESS OR INDUSTRY: Church

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George A. Roelke

14. MOTHER'S MAIDEN NAME: Mary J. Jorden

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Franklin Roelke Maryland Ave. Hakkersville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1

Immediate cause (a) DUE TO Generalized Arteriosclerosis c Cerebral — 7 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Selenia & Coronary Selenia & renal selenis Uremia — 24 hours

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to 11-1, 1953, that I last saw the deceased alive on 11-1, 1953, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Jem Aslman M.D. 1201 Poplar Grove St 11-2-53

23. BURIAL, CREMATION, REMOVAL. (Specify) Burial — DATE THEREOF Nov 4 1953 — NAME OF CEMETERY OR CREMATORY Mount Olivet Cem. — LOCATION (City, town, or county) (State) Frederick, Md.

DATE REC'D BY LOCAL REGISTRAR 11-2-53 — REGISTRAR'S SIGNATURE V E. Harry

24. FUNERAL DIRECTOR — ADDRESS M.R. Etchison & Son Frederick, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED
NOV 3 2003
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

DR. LEE K. FARGO -- [illegible]

VS. [illegible]

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
LENGTH OF STAY (in this place) 15 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural, give location) Town House, [illegible] Place

3. NAME OF DECEASED (Type or Print): (First) EMILIE (Middle) A. (Last) ROOS

4. DATE OF DEATH: (Month) Nov. (Day) 22 (Year) 1953

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1 - 21 - 66

9. AGE last birthday: 87 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frederick Leser

14. MOTHER'S MAIDEN NAME: Emilie Vogel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Oscar Leser 4103 Bedford Place, Balto.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 Immediate cause (a) Acute Cardiac dilatation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerotic heart disease

(c) Valvular heart disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1951, to Nov. 22, 1953, that I last saw the deceased alive on Nov. 22, 1953 and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE: Dr. Lee K. Fargo (Degree or title) — ADDRESS: 8155 Loch Raven Blvd. — DATE SIGNED: 11-23-53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation | DATE THEREOF 11 - 24 - 53 | NAME OF CEMETERY OR CREMATORY Greenmont | LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 11-24-53 | REGISTRAR'S SIGNATURE C. W. Heinrich | 24. FUNERAL DIRECTOR John [illegible] Sons, Inc.-1000 [illegible] Place ADDRESS Baltimore, | M B Mitchell

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. [illegible]

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arm. | LENGTH OF STAY (in this place) 4 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Manor Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arm
STREET ADDRESS Manor Rd. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Wilburn	Leroy	Rose	Nov	25	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	W.	M	July-19-1895	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Meat Store Ret-	Self. Emp.	Baltimore	

13. FATHER'S NAME: Wilburn L. Rose
14. MOTHER'S MAIDEN NAME: Jennie Larmour

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. (If yes, give war or dates of service) W.W.I.
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Margaret A. Rose Manor Rd. Glen Arm Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Heart disease, vascular, coronary occlusion — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-vascular disease, coronary — 11 years.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy _, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident _, suicide _, homicide _, undetermined _.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Robert E. Hudson M.D.	D.M.E. Towson Md	11/25/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/30/53	Lorraine Cem.	Woodlawn - Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-27-53	A W Jedrich	William Cook Inc.	Baltimore

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
   COUNTY: Baltimore — MARYLAND
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
   LENGTH OF STAY (in this place): 2 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
   STREET ADDRESS (If rural give location): 1006 Wilmot Court ✓

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) J. (Last) RYAN

4. DATE OF DEATH: (Month) November (Day) 8 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4-20-71

9. AGE last birthday: 82 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Sheet metal worker

10b. KIND OF BUSINESS OR INDUSTRY: N.Y.Metal Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Thomas Ryan

14. MOTHER'S MAIDEN NAME: Elizabeth Gould

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): SAW

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) LEFT CEREBRAL HEMORRHAGE — Interval Between Onset And Death: UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 6, 1953, to Nov. 8, 1953 and that death occurred at 10:00 P.M., from the causes and on the date stated above.

SIGNATURE: William B. Vandegrift, M. D. (Degree or title) — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 11-9-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov:11:1953 — NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 11/10/53 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR — ADDRESS: F. B. Wippert & Son Funeral Home, Baltimore and Monroe Streets, Baltimore, Md.

F. B. Wippert & Son

VS.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 2 days 01/2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park
STREET ADDRESS (If rural, give location) 6501 Golesville Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
VanPland		Sadler	11-	23-	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	[illegible]	8-7-1903	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Plumber		Maryland	USA

13. FATHER'S NAME: Jefferson Sadler

14. MOTHER'S MAIDEN NAME: Amanda Frances Booker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Unknown	Unknown	records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Glomerulo Nephritis	
	(c)	

592 X 7

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. I certify that I took charge of the remains described above, held an Autopsy ✓ Inspection , Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ✓ accident , suicide , homicide , undetermined .

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Geo. J. McKiefer M.D. Deputy Med. Exr.	Urban Baltimore 1010 Leadenhall	Nov 25 53

DISPOSITION (Burial, Cremation, Removal (Specify))	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 25, 1953	George Washington	Hyattsville Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 25, 1953	Victor E. Hoy	F. Gasche Sons	Hyattsville, Md.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place) 25yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SpringGrove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) Spring Grove Hospital

3. NAME OF DECEASED: (First) Russell (Middle) (Last) SAUERWALD
4. DATE OF DEATH: (Month) 11 (Day) 7 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1906, February
9. AGE Last birthday: 47 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jackson D. Foreman
14. MOTHER'S MAIDEN NAME: Lillian Mcmaw
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Paul V. Foreman 1309 W. Cross St.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Bilateral pulmonary atelectasis	6 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Volvulus of transverse colon (intermittant)	1 mo.
	DUE TO (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Imbecility		life

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 2, 1953, to Nov. 6, 1953, that I last saw the deceased alive on Nov. 6, 1953, and that death occurred at 4:00 a.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) Emma M. Worthington M.D.
ADDRESS Spring Grove State Hospital
DATE SIGNED 11/7/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/10/53
NAME OF CEMETERY OR CREMATORY St. Mary's-Westminster
LOCATION (City, town, or county) (State) Balto. Md.
DATE REC'D BY LOCAL REGISTRAR 11/11/53
REGISTRAR'S SIGNATURE C W Heidrick
24. FUNERAL DIRECTOR Wm Cook Mc.
ADDRESS 1217 St. Paul St.

VS. A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1)

CERTIFICATE OF DEATH

Reg. Dist. No. 4X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1352 Towson Street

3. NAME OF DECEASED: (Type or Print) (First) ANDREW (Middle) M. (Last) SCHAFER

4. DATE OF DEATH: (Month) November (Day) 15, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-22-91

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Laundry

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael Schafer

14. MOTHER'S MAIDEN NAME: Mary Arold

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 213-26-0834

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

542.1

Immediate cause (a) UREMIA — Interval Between Onset And Death: 1 Month

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) CHRONIC GLOMERULONEPHRITIS — Unknown

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 6 ,19 53 , to Nov. 15 , 19 53 , ~~that I last saw the deceased~~ ~~alive on~~ ~~, 19~~, and that death occurred at 1:20 P.M. , from the causes and on the date stated above.

SIGNATURE (Degree or title) PETER McDONNELL, M. D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 11-15-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11-19-53 NAME OF CEMETERY OR CREMATORY Loudon Park ~~National~~ cemetery LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 11/18/53 REGISTRAR'S SIGNATURE Dorothy W. Redick

24. FUNERAL DIRECTOR ADDRESS Charles L. Stevens Funeral Home 1501 E. Fort Ave., Baltimore, Maryland

Charles F. Dill Successor

VSA 57

7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 91

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodlawn
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dogwood Road.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodlawn
STREET ADDRESS (If rural give location) Dogwood Road.

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Martha (Last) Schaper
4. DATE OF DEATH: (Month) Nov. 24 (Day) (Year) 1953
5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: March 11, 1873
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) H.W.
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Kappauf
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr. Schapor, Dogwood Rd. Woodlawn.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

44"X
Immediate cause (a) CEREBRAL VASCULAR ACCIDENT — 1 DAY
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) HYPERTENSIVE C.V. DISEASE - E
DUE TO
(c) GENERALIZED ARTERIO-SCLEROSIS — 15 YEARS

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CHRONIC CONGESTIVE HEART DISEASE — 5 YEARS

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL, 1950, to NOV. 24, 1953, that I last saw the deceased alive on NOV. 24, 1953 and that death occurred at 10:30 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Thomas C. Wheeler MD Randallstown — Md. 11-25-53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF Nov. 28/53
NAME OF CEMETERY OR CREMATORY Western Cemetery
LOCATION (City, town, or county) (State) Balto. Md.
DATE REC'D BY LOCAL REGISTRAR 11-28-53
REGISTRAR'S SIGNATURE August C. Bonsall
FUNERAL DIRECTOR Harry H. Witzke
ADDRESS Edmondson Ave.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 32 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 2201 Windsor Avenue

3. NAME OF DECEASED (Type or Print): (First) JACOB (Middle) (NMI) (Last) SCHERR

4. DATE OF DEATH: (Month) November (Day) 1 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-1-09

9. AGE last birthday: 44 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Silk spotter

10b. KIND OF BUSINESS OR INDUSTRY: Dry Cleaning Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Benjamin Scherr

14. MOTHER'S MAIDEN NAME: Annie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): WW II

16. SOCIAL SECURITY No.: 220-03-9085

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4200

Immediate cause — (a) INFARCTION OF THE MYOCARDIUM — Interval Between Onset And Death: UNKNOWN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE — UNKNOWN
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 30, 1953, to Nov. 1, 1953, [redacted] and that death occurred at 1:40 A.M./P.M., from the causes and on the date stated above.

SIGNATURE [redacted] (Degree or title) FRANCIS G. DICKEY, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. — ADDRESS — DATE SIGNED 11-2-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11-2-53
NAME OF CEMETERY OR CREMATORY: Har Zion Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 11/2/53
REGISTRAR'S SIGNATURE: H. W. Hedrick

24. FUNERAL DIRECTOR: Jack Lewis Funeral Home Inc.
ADDRESS: 2100 Eutaw Place, Baltimore, Maryland

VS. 226

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3004 Linwood Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural give location) 3004 Linwood Ave.

3. NAME OF DECEASED: (Type or Print) (First) Mr. (Middle) Charles Paul Ernest (Last) Schilling

4. DATE OF DEATH: (Month) Nov. (Day) 23, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 16- 1898

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Guard - Standard Oil Co

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ernest Paul Schilling

14. MOTHER'S MAIDEN NAME: Helena Schneemann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Father - 3004 Linwood Ave.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33 Y

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 2 d.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension — —

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-14-8, 19.. , to Nov. 23, 1953, that I last saw the deceased alive on Nov. 22, 1953, and that death occurred at 9.00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harold A. Groth, M.D. — 8100 Harford Rd — 11/23/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Nov. 25-1953

NAME OF CEMETERY OR CREMATORY Parkwood Cem.

LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REGISTRAR 11-23-53

REGISTRAR'S SIGNATURE A. J. Hedrick

24. FUNERAL DIRECTOR Leonard J. Luck

ADDRESS 5305 Harford

NT

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS.

Dr. Grott
8100 Harford

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10894

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (in this place) 11yrs 8mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE STATE HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ~~BALTO~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) 1427 E. FEDERAL ST.

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) (Last) SCHREIBER

4. DATE OF DEATH: (Month) 11 (Day) 12 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 1-28-1909

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN A SCHREIBER

14. MOTHER'S MAIDEN NAME: MARY SCHMIDT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: RECORDS of SPRING GROVE STATE HOSP.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

521.1

Immediate cause (a) CARDIO-RESPIRATORY FAILURE — Interval Between Onset And Death: 5 MIN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) LUNG ABSCESS — 22 DAYS

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. SPASTIC PARAPLEGIA (BIRTH)

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-7, 1942, to 11/12/53, 19..., that I last saw the deceased alive on 11/12, 1953, and that death occurred at 12 25 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm A Wilkinson MD. ADDRESS Spring Grove State Hosp. DATE SIGNED 11/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11/14/53

NAME OF CEMETERY OR CREMATORY Holy Redeemer

LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REGISTRAR 11-12-53

REGISTRAR'S SIGNATURE C.E. Harry

24. FUNERAL DIRECTOR Geo J. Ruth Inc

ADDRESS 1714 Harford ave, Balto

VS. 116

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 55 Towson 4
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7207 Lanark Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson 4
STREET ADDRESS (If rural give location) 7207 Lanark Road

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Joseph (Last) Scully

4. DATE OF DEATH: (Month) November (Day) 17, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Sept. 24, 1889

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Maint. Foreman- ret.

10b. KIND OF BUSINESS OR INDUSTRY: Sanitary Dept., Balto.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Scully

14. MOTHER'S MAIDEN NAME: May Bergen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Family Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Lung — Interval Between Onset And Death: 1 year

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Laryngulosis — 6 mos
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov 15, 1952

19b. MAJOR FINDINGS OF OPERATION: Carcinoma

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1953 to Nov 17, 1953, that I last saw the deceased alive on Nov 15, 1953, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Geller E. Sikorsky, M.D. ADDRESS 7939 McClellan Rd DATE SIGNED 11/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Nov. 19, 1953

NAME OF CEMETERY OR CREMATORY Mt. Marie Cemetery

LOCATION (City, town, or county) (State) Towson, Maryland

DATE REC'D BY LOCAL REGISTRAR Nov. 19, 1953

REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR ADDRESS John Burns' Sons, Towson, Maryland

VS.

RECEIVED
NOV 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

1. PLACE OF DEATH:
   COUNTY: Baltimore — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard,
   LENGTH OF STAY (in this place): 1 day
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
   STREET ADDRESS (If rural give location): 806 Hollins Street

3. NAME OF DECEASED: (First) MAX (Middle) J. (Last) SERBE
4. DATE OF DEATH: (Month) November (Day) 19 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday: yrs.	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed	9-24-76	77		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Real Estate	Own Real Estate Business	Berlin, Germany	U.S.A.

13. FATHER'S NAME: William Serbe
14. MOTHER'S MAIDEN NAME: Louise Malke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	5-31-98 to 5-30-99	None	Clin. Rec., Vet. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
422.1 Immediate cause	(a) CEREBRAL VASCULAR ACCIDENT	3 DAYS
Antecedent causes (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	5 YEARS
	(c) DUE TO	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 18, 1953, to Nov. 19, 1953, that I last saw the deceased alive on [illegible] and that death occurred at 5:55 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
PETER D. STEARNS M.D.	VAH, FORT HOWARD, MD.	11-19-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/23/53	LOrraine Cemetery	WOODLAWN, BALTIMORE, MD.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
11/23/53	A.W. Hedrick	William J. Tickner & Sons, North & Pennsylvania Ave., Baltimore, Md.

DWR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspeburg
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4400 Kenwood Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Washington, D. C.
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): 1361 Irving St., N.W.

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) (Last) SEXTON

4. DATE OF DEATH: (Month) Nov. (Day) 6th, (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: July 7th, ?

9. AGE last birthday: 67 ? yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): stenographer

10b. KIND OF BUSINESS OR INDUSTRY: U.S. GOVT.

11. BIRTHPLACE (State or foreign country): Harford Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Barton

14. MOTHER'S MAIDEN NAME: Margaret Glackin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Anna Greenwood, 4400 Kenwood Ave. 6

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) CORONARY ARTERY THROMBOSIS	29 Hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CORONARY ARTERIOSCLEROSIS	2 yrs +
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 5, 1953, to Nov. 6, 1953, that I last saw the deceased alive on Nov. 5, 1953, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: 633 Belair Rd (6) DATE SIGNED: 11-6-53

23. BURIAL, CREMATION, REMOVAL (Specify): burial

DATE THEREOF: Nov. 9, 1953

NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery

LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: Nov. 8-1953

REGISTRAR'S SIGNATURE: Mrs. M. E. Reifsnider

24. FUNERAL DIRECTOR: Loudon Funeral Home ADDRESS: 7401 Belair Rd.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19 98

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cockeysville
STREET ADDRESS (If rural give location) York Road

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Russell (Last) Shoul

4. DATE OF DEATH: (Month) November (Day) 1 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 27, 1906

9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Stenter

10b. KIND OF BUSINESS OR INDUSTRY: Balto Transit Co

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: William Franklin Shoul

14. MOTHER'S MAIDEN NAME: Elsie Margaret Mauble

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-10-0833

17. INFORMANT & ADDRESS: wife, Mrs. Clarice Shoul

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Coronary thrombosis — Interval Between Onset And Death: 6 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1948, to Nov 1, 1953, that I last saw the deceased alive on Nov 1, 1953, and that death occurred at 9:10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Elizabeth B. Shoull M.D. Cockeysville, Md. Nov. 1, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11-4-53 NAME OF CEMETERY OR CREMATORY St Joseph's LOCATION (City, town, or county) Texas (State) Md

DATE REC'D BY LOCAL REGISTRAR 2 Nov 1953 REGISTRAR'S SIGNATURE Ann Armistead MacKall

24. FUNERAL DIRECTOR J. Scott Brooks ADDRESS Sparks, Md.

VSA 4

RECEIVED
NOV 4
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38 ... 01

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 1.5

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 37 Hanover Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural give location) 37 Hanover Road

3. NAME OF DECEASED: (Type or Print) (First) Maggie (Middle) Brown (Last) Shugars

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 13, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 28, 1883

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months ... Days ... IF UNDER 24 HRS.: Hours ... Min. ...

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore County

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William H. Uhler

14. MOTHER'S MAIDEN NAME: Maggie Brown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Frank Shugars, Reisterstown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 6 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic C.V. Disease — 4 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ... 19b. MAJOR FINDINGS OF OPERATION ... 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ... PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ... (CITY OR TOWN) ... (COUNTY) ... (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. ... INJURY OCCURED While at Work ☐ Not While At Work ☐ ... HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April ..., 1948, to Nov. 13, 1953, that I last saw the deceased alive on 11/13, 1953, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Martin E. Strobel M.D. — ADDRESS Reisterstown, Md. — DATE SIGNED 11/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov. 16, 1953 — NAME OF CEMETERY OR CREMATORY All-Saints — LOCATION (City, town, or county) (State) Reisterstown, Md.

DATE REC'D BY LOCAL REGISTRAR 11-16-53 — REGISTRAR'S SIGNATURE Mary B. Eline.

24. FUNERAL DIRECTOR J. F. Eline & Sons, Reisterstown, Md. — ADDRESS

NOV 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 31

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AS

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Baltimore X
LENGTH OF STAY (in this place) 2-½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 812 Register Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural give location) 708 Beaumont Ave

3. NAME OF DECEASED: (Type or Print) (First) GEORGIE (Middle) RINER (Last) SIDWELL

4. DATE OF DEATH: (Month) Nov. (Day) 14 (Year) 1953

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Jan. 17, 1866

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Belair, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Kane Nichols

14. MOTHER'S MAIDEN NAME: Mary Riner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: 708 Beaumont Ave James Benson Baltimore 12 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH,

Immediate cause (a) Uremia — Interval Between Onset And Death: 2 wks.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio Sclerotic C. V. Disease — 2 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 10, 1953, to Nov. 14, 1953, that I last saw the deceased alive on Nov. 13, 1953, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Carl F. Benson, MD — ADDRESS 5111 York Rd. — DATE SIGNED Nov. 14, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov. 17, 1953 — NAME OF CEMETERY OR CREMATORY Methodist Cemetery — LOCATION (City, town, or county) (State) Johnsville Md Co. Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 15, 1953 — REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR — ADDRESS J. J. Myers Jr. Westminster Md

RECEIVED

BUREAU V. C

Film G-160 Item 18 1/8/54 SW

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 4653 Falls Road

3. NAME OF DECEASED: (First) BERT (Middle) (Last) SIMMONS, SR.

4. DATE OF DEATH: (Month) November (Day) 30 (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Colored	Married	8-25-25	28 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Outside storage
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Richmond, Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry Simmons
14. MOTHER'S MAIDEN NAME: Agnes (MN: Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
023X Immediate cause	(a) INSUFFICIENCY OF AORTIC VALVE	8 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) ENDOCARDITIS OF UNDETERMINED ETIOLOGY	8 years
	DUE TO (c) (FINAL DIAGNOSIS AWAITS FURTHER STUDY) Syphilitic aortitis with aortic insufficiency	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 26, 19 53, to Nov. 30, 19 53, and that death occurred at 7:55 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
WILLIAM B. VARDEGRIFT, M. D. VAH, FORT HOWARD, MARYLAND 11-30-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF:
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. DEC 2 1953
REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: Hemsley Funeral Home, 578 W. Biddle Street Baltimore, Maryland
Frances A. Hemsley

VS-ATS 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTO. STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK 22; LENGTH OF STAY (in this place) 2 1/2; HOSPITAL OR INSTITUTION OR STREET ADDRESS 33 TOWNSHIP

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY BALTO.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK 22; STREET ADDRESS (If rural, give location) 33 TOWNSHIP

3. NAME OF DECEASED (Type or Print): (First) GERTRUDE (Middle) BEYNON (Last) SLEE

4. DATE OF DEATH: (Month) 11 (Day) 10 (Year) 19 53

5. SEX: FEM.

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 5-26-1874

9. AGE last birthday: 79 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: - -

11. BIRTHPLAC (State or foreign country): WALES - U. K.

12. CITIZEN OF WHAT COUNTRY? U. K.

13. FATHER'S NAME: GEORGE

14. MOTHER'S MAIDEN NAME: UNK.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: MRS. WILLIS E. POWELL - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 Immediate cause (a) Coronary sclerosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senescence

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) [illegible] (b) [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 19 22, to Nov., 19 53, that I last saw the deceased alive on Nov. 2, 19 53, and that death occurred at 8 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] MD 2900 Duncan Pl. Nov 11, 1953

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL; DATE THEREOF: 11-13-53; NAME OF CEMETERY OR CREMATORY: OAK LAWN; LOCATION (City, town, or county) (State): BALTO, Co. md.

DATE REC'D BY LOCAL REG. NOV. 11-1953; REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR: [illegible] ADDRESS [illegible]

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 144

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: BA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie
STREET ADDRESS (If rural give location): P. O. Box 425

3. NAME OF DECEASED: (Type or Print) (First) CLAUDE (Middle) A. (Last) SOUDER

4. DATE OF DEATH: (Month) November (Day) 17 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Seperated

8. DATE OF BIRTH: 4-18-96

9. AGE last birthday: 57 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Plumber

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles Souder

14. MOTHER'S MAIDEN NAME: Margaret Wagner

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 217-01-9452

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA OF STOMACH DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 11, 1953, to Nov. 17, 19 53, and that death occurred at 11:05 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M. D.
ADDRESS: VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 11-18-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Nov-21-1953
NAME OF CEMETERY OR CREMATORY: Glen Haven Cemetery
LOCATION (City, town, or county) (State): Maryland

DATE REC'D BY LOCAL REGISTRAR: NOV-21-1953
REGISTRAR'S SIGNATURE: Dawson L Farber

24. FUNERAL DIRECTOR: Thomas W. Singleton
ADDRESS: , Glen Burnie, Md.

L. J. De Alba md

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10904

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville, Md.
LENGTH OF STAY (in this place): 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2806 Mahattan Ave

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) (Last) SOWERS

4. DATE OF DEATH: (Month) Nov. (Day) 27 (Year) 19[illegible]

5. SEX: [illegible]-le
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]
8. DATE OF BIRTH: April 18 1914
9. AGE last birthday: 39 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Arch Sowers
14. MOTHER'S MAIDEN NAME: Cora Drive

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Archer Sowers-2806 Mahattan Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
260x Immediate cause	(a) Pulmonary edema	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial degeneration	
	(c) Diabetes mellitus	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mental deficiency

19a. DATE OF OPERATION: 6
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 26, 1953, to Nov. 27, 1953, that I last saw the deceased alive on Nov. 26, 1953, and that death occurred at 8:05 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William N Kirkpatrick M.D.
ADDRESS: Spring Grove State Hospital
DATE SIGNED: 27 Nov 53

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF: Nov. 30th, 53
NAME OF CEMETERY OR CREMATORY: Mount Olivet
LOCATION (City, town, or county) (State): Baltimore-Md.

DATE REC'D BY LOCAL REG.: 11/29/53
REGISTRAR'S SIGNATURE: H. E. Harry

24. FUNERAL DIRECTOR: F.B. Wippert & Son
ADDRESS: 1300 Eutaw Pl

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Grave Run
LENGTH OF STAY (in this place) 27 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grave Run
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)	
HAMILTON STAMBAUGH	Nov 26	19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Aug 9, 1877	76 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer	Agriculture	Maryland	U S A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Edward Clay Stambaugh	Sarah Hobbs.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS
NO	—	Mrs. Sarah Stambaugh, Hampstead, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
154X Immediate cause	(a) Metastatic Carcinoma Lungs.	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Primary Carcinoma Prostate.	?
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chr Myocarditis — ?

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
—	—	

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
— M.		—

22. I hereby certify that I attended the deceased from Jan 1, 19 53, to Nov 26 19 53, that I last saw the deceased alive on Nov 25, 19 53 and that death occurred at 3:20 m., from the causes and on the date stated above.

SIGNATURE Joseph E. Bush (DEGREE OR TITLE) M.D. ADDRESS Hampstead Md DATE SIGNED 11-26-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 28/53	Fairview Cem	Balto Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-28-53	Mary B. Sline.	Edw. C. Tipton, Hampstead Md	

VS 15 8-51

RECEIVED
BUREAU V. S.

Item 21f Film G160 12-7-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. XX

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard; LENGTH OF STAY (in this place): 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: ; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore; STREET ADDRESS (If rural, give location): 302 N. Franklintown Road

3. NAME OF DECEASED (Type or Print): (First) MILLARD; (Middle) A. R.; (Last) STANSFIELD

4. DATE OF DEATH: (Month) November; (Day) 2; (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 1-11-07

9. AGE last birthday: 46 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bull blocker

10b. KIND OF BUSINESS OR INDUSTRY: Brass & Copper Works

11. BIRTHPLACE (State or foreign country): Howard Co., Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Stansfield

14. MOTHER'S MAIDEN NAME: Anna Ridgely

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 212-07-6400

17. INFORMANT AND ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture - Occipital Region Skull

904.9 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Head Injury

(c) Sub-Dural Hematoma

INTERVAL BETWEEN ONSET AND DEATH: 17 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Not known; (CITY OR TOWN): Ft. Howard; (COUNTY): ; (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): About Oct 23-1953 (m)

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Not known - Undetermined

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.*

SIGNATURE (Degree or title): [illegible] M.D. ADDRESS: [illegible] Md. DATE SIGNED: 11/4/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 11-5-53; NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery; LOCATION (City, town, or county): Howard Co., Maryland (State):

DATE REC'D BY LOCAL REG.: 11/4/53; REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Howard Blight Funeral Home; ADDRESS: 6009 Harford Road, Baltimore 14, Maryland

Mildred T. Blight

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ..

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A...

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Pikesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sinai Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville
STREET ADDRESS (If rural give location) 6811 Campfield Rd

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) C. (Last) Stuckert

4. DATE OF DEATH: (Month) November (Day) 8 (Year) 19 53

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow — 8. DATE OF BIRTH: June 26, 1874 — 9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Balto Md — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Casper Stein — 14. MOTHER'S MAIDEN NAME: Johanna Helfenbein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY No.: — 17. INFORMANT & ADDRESS: Edward Murphy 6811 Campfield Rd

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Arterio-Sclerotic Heart Disease	10 yrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Generalized Arterio-Sclerosis	10 yrs
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Nov. 8, 1953, that I last saw the deceased alive on Oct. 26, 1953, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Earl L. Chambers M.D. — 4108 Liberty Hts Ave. — 11/10/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov. 11-1953 — NAME OF CEMETERY OR CREMATORY St Paul's Cemetery — LOCATION (City, town, or county) (State) Woodlawn Md

DATE REC'D BY LOCAL REGISTRAR 11/10/53 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR ADDRESS — 6067 Harford Rd.

Film #G159 Item #2 11/25/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 33

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (In this place) Passing thru
HOSPITAL OR INSTITUTION OR STREET ADDRESS Reisterstown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN ~~Hagerstown~~ Mapleville
STREET ADDRESS (If rural, give location) ~~705 W. Washington St.~~

3. NAME OF DECEASED: (Type or Print) (First) Marvin (Middle) Joseph (Last) Summers

4. DATE OF DEATH (Month) Nov. (Day) 12 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Feb. 4, 1925	28 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lineman	Western Md. Railway	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Austin Albert Summers	Edna Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes World War II	217-18-8330	Austin Summers, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
845.8 Immediate cause	(a)	Fractured Skull	
	DUE TO	Crushed Chest	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	Compount fractures of both legs	
	(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19a. DATE OF OPERATION	19b. MAJOR FINDING OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY	21c. (City or town) (County) (State)
	Reist rstown Rd.	Owings Mills, Balto., Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
Nov. 11, '53 2A.M.		auto accident

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. D. Taylor M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11-12-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-14-53	Rose Hill Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
11-13-53	Mary B. Eline.	W. T. Norment Funeral Est., Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

NOV
BUREAU V. S.

Film #G159 Item # 8 11/19/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10909

CERTIFICATE OF DEATH

Reg. Dist. No. 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Queen Anne's; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) East St.; STATE MARYLAND; LENGTH OF STAY (in this place) 16 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Queen Anne's; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) East at; STREET ADDRESS (If rural give location) East St. St. Denis Md.

3. NAME OF DECEASED (Type or Print): (First) LUTHER (Middle) (Last) SWEET

4. DATE OF DEATH: (Month) Nov. (Day) 13 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov 25 1877; AGE last birthday: 75 yrs.; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

9. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk; 10b. KIND OF BUSINESS OR INDUSTRY: Clerk

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bradley Sweet

14. MOTHER'S MAIDEN NAME: Slater

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No; (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-18-6591

17. INFORMANT: Mrs. Rosa Sweet

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 4 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obese

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1948, to Nov 13, 1953, that I last saw the deceased alive on Nov. 13, 1953, and that death occurred at 8:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A Bradley Daughaday MD 1264 Francis Ave Baltimore 27 Md 11-13-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORY: Middleburgh

LOCATION (City, town, or county) (State): Middleburg - Kentucky

DATE REC'D BY LOCAL REG. 11/16/53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Belinda Ferry

ADDRESS: 346 Carville Ave Middleburg Md

VS 13

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 79 KINSHIP

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 79 KINSHIP

3. NAME OF DECEASED (Type or Print): (First) WILSON (Middle) ARNETT (Last) TARR

4. DATE OF DEATH: (Month) NOV. (Day) 3 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: SEPT 5, 1870

9. AGE last birthday: 83 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HEATER SHEET MTL

10b. KIND OF BUSINESS OR INDUSTRY: STEEL

11. BIRTHPLACE (State or foreign country): PENNA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: THOMAS TARR

14. MOTHER'S MAIDEN NAME: ELIZABETH FISHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: MRS F.C. HUGHES 79 KINSHIP

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis — 10 min.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis — 10 years

(c) Myocarditis chronic — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to Nov. 3, 1953, that I last saw the deceased alive on Nov 2, 1953, and that death occurred at 12 30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

David E. Sutton MD 33 E Dundalk Ave Nov. 5, 1953.

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: NOV. 6 1953 — NAME OF CEMETERY OR CREMATORY: MORELAND PARK — LOCATION (City, town, or county) (State): PARKVILLE MD

DATE REC'D BY LOCAL REG.: Nov. 5-1953 — REGISTRAR'S SIGNATURE: William M. Kelly — 24. FUNERAL DIRECTOR — ADDRESS: ULRICH FUNERAL HOME 2112 DUNDALK

VS-115

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15.

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RELAY
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1466 S. ROLLING RD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RELAY
STREET ADDRESS (If rural, give location) 1466 S. ROLLING RD.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) HUGHES (Last) THOMPSON

4. DATE OF DEATH: (Month) 11 - (Day) 17 (Year) 19 53

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: AUG. 14, 1884

9. AGE last birthday: 69 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ENGINEER - RET.

10b. KIND OF BUSINESS OR INDUSTRY: CONTRACTING

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: CHARLES A THOMPSON

14. MOTHER'S MAIDEN NAME: MARY McGALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Mildred T. Thompson 1466 S. Rolling Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	10 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	1 yr
	(c) Emphysema	2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from —, 19 53, to Nov 17, 19 53, that I last saw the deceased alive on Nov 15, 19 53, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Federick V Beetler MD ADDRESS 1011 Frances Rd — DATE SIGNED Nov 17 — 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 11-19-53 | NAME OF CEMETERY OR CREMATORY Druid Ridge | LOCATION (City, town, or county) Catonsville (State) Md.

DATE REC'D BY LOCAL REG. NOV 20 53 | REGISTRAR'S SIGNATURE Ted Kieffer for

24. FUNERAL DIRECTOR Brazier A. Farley ADDRESS Catonsville, Md.

RECEIVED
NOV 23 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
LENGTH OF STAY (in this place) 54
HOSPITAL OR INSTITUTION OR STREET ADDRESS 363 NICHOLSON RD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
STREET ADDRESS (If rural, give location) 363 NICHOLSON RD.

3. NAME OF DECEASED: (Type or Print) (First) GLADYS (Middle) M (Last) TUTCHTON

4. DATE OF DEATH: (Month) 11 (Day) 11 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: AUG. 25-1902

9. AGE last birthday: 51 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: HOUSE WIFE

11. BIRTHPLACE (State or foreign country): BALTO. MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: CHARLES BODENBURG

14. MOTHER'S MAIDEN NAME: MARY L. MEYER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: HARRY TUTCHTON SAME AS ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
151X
Immediate cause (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH 18 mo
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 25, 1952
19b. MAJOR FINDINGS OF OPERATION: Inoperable Carcinoma stomach, metastases
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1952, to Nov. 11, 1953, that I last saw the deceased alive on Oct 23, 1953, and that death occurred at 3 A. m., from the causes and on the date stated above.
SIGNATURE Joseph Neely M.D. (DEGREE OR TITLE) ADDRESS 423 Eastern Ave Balto 2 Md DATE SIGNED 11/14/53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF NOV 14-1953
NAME OF CEMETERY OR CREMATORY MORELAND
LOCATION (City, town, or county) (State) TAYLOR AVE MD.

DATE REC'D BY LOCAL REG. 11-12-53
REGISTRAR'S SIGNATURE C W Hedrick

24. FUNERAL DIRECTOR JOHN G CONNELLY ADDRESS ESSEX MD.

V-A 15 8-51

Film G160 Item 7 12/22/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 40 west of Rolling Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown,
STREET ADDRESS (If rural, give location) RFD ✓

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) (Last) VANCE
4. DATE OF DEATH (Month) (Day) (Year) 11 - 16 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Aug 30 1910
9. AGE last birthday: 43 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Oklahoma
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Vance
14. MOTHER'S MAIDEN NAME: Josephine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Bass Funeral Home, Boonsboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Crushing Injury of Chest
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY highway
21c. (City or town) Catonsville (County) Baltimore (State) Md.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-16-53 3:00 A. M.
21e. INJURY OCCURRED While at work ☒ Not while at work ☐
21f. HOW DID INJURY OCCUR? truck and truck collision (driver)

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R B Fisher M. D.
CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-16-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 11/19/53
NAME OF CEMETERY OR CREMATORY Rose Hill
LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REG. 11-16-53
REGISTRAR'S SIGNATURE W E Barry
24. FUNERAL DIRECTOR ADDRESS Howard H. Hubbard 2503 Edmondson Ave Balto Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A-A - 5 - 53

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore 19. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Todd Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE as COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W
STREET ADDRESS (If rural give location) #1.

3. NAME OF DECEASED: (First) FRANK. (Middle) (Last) VANCURA
4. DATE OF DEATH: (Month) Nov. (Day) 17 (Year) 1953.
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: July 26/68
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Shoemaker
10b. KIND OF BUSINESS OR INDUSTRY: own business
11. BIRTHPLACE (State or foreign country): Bohemia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Vancura
14. MOTHER'S MAIDEN NAME: Catherine Bolafka
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No.
16. SOCIAL SECURITY No.: None.
17. INFORMANT & ADDRESS: Barbara Vancura (wife).

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (4437)	(a) Myocardial failure	Sudden
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Chronic myocarditis.	11 mo.
	(c) DUE TO Hypertensive C.V. disease	8 yrs
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July ..., 1953 to Nov. 17, 1953, that I last saw the deceased alive on Nov. 17, 1953, and that death occurred at 3:35 P., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Louis H. Tollin. M.D. 6908 North Pt. Rd (19) Nov. 17. 1953

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF NOV. 21, 1953
NAME OF CEMETERY OR CREMATORY HOLY REDEEMER
LOCATION (City, town, or county) (State) BALTIMORE CO. MD.

DATE REC'D BY LOCAL REGISTRAR 11/19/53
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS FR. CVACHOVAN 900 N. CHESTER ST

DMK

VS. 115

Film#G159 Item# 13, 14, 11/20/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 44

1. PLACE OF DEATH: COUNTY Balto - MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere X
LENGTH OF STAY (In this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2512 Ruth Ave - X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Edgemere
STREET ADDRESS (If rural, give location) 2512 Ruth Ave -

3. NAME OF DECEASED: (First) MICHAEL (Middle) (Last) VERINAKIS
4. DATE OF DEATH (Month) 11 (Day) 13 (Year) 19 53
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 3-21-28
9. AGE last birthday: 25 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Able Seaman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): OHIO
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Mike MARCUS Verinakis
14. MOTHER'S MAIDEN NAME: Maria Diemarcus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) Korea
16. SOCIAL SECURITY NO.: 212-22-3974
17. INFORMANT & ADDRESS: Marcus VERINAKIS 2512 Ruth Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)
991.0
Immediate cause (a) Carbon Monoxide Poisoning
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Garage
21c. (City or town) Edgemere (County) Balto (State) Md
21d. TIME OF INJURY (Month) 11 (Day) 13 (Year) 53 (Hour) ? A M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Overcome by auto exhaust gas in garage

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H. H. Englar M. D.
CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-14-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 11-16-53
NAME OF CEMETERY OR CREMATORY Greek Cemetery
LOCATION (City, town, or county) Windsor Mill Rd. (State)
DATE REC'D BY LOCAL REG. 11/16/53
REGISTRAR'S SIGNATURE C. W. Bedrick M.H.
24. FUNERAL DIRECTOR Lambros Inc. ADDRESS 440 E. North Ave.

VS. A[illegible] - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Balto
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8419 Pulaski Hgwy

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md
COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): 8419 Pulaski Hgwy.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elizabeth (Last) Wacker

4. DATE OF DEATH: (Month) Nov (Day) 11 (Year) 19 53

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Feb 9 1886

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Balto Co.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Bohlen

14. MOTHER'S MAIDEN NAME: Mary E Mohr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Chas Heinbuck 5304 Hamilton Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Cerebral apoplexy — Interval Between Onset and Death: 1 Month

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerotic Cardio-Vascular disease — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1953, to Nov 11 1953, that I last saw the deceased alive on Nov 11, 1953, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. M. Bannyandum MD

ADDRESS: Balto 6 Md

DATE SIGNED: 11/12/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 11-14-1953

NAME OF CEMETERY OR CREMATORY: Zion Luth Cemetery

LOCATION (City, town, or county) (State): Balto Md.

DATE REC'D BY LOCAL REG.: 11/19/53

REGISTRAR'S SIGNATURE: Edith Hurley

24. FUNERAL DIRECTOR / ADDRESS: Lansburg Funeral Home 7401 Belair Rd

VS. A1

RECEIVED
NOV
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 36

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Catonsville Home for Aged & Infirm 315 Highland Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural, give location) Carvel Shore

3. NAME OF DECEASED (Type or Print): (First) Johanna — (Middle) C. — (Last) Wagner

4. DATE OF DEATH: (Month) Nov (Day) 29 (Year) 53

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Sept 17 1872

9. AGE last birthday: 81 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nicholas Sievert

14. MOTHER'S MAIDEN NAME: Gertrude D Horan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs Gertrude Boerner Ellicott City

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

163X Immediate cause (a) Carcinoma of Right Lung — 6 mo.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: No Operation

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 9, 1953, to Nov. 29, 1953, that I last saw the deceased alive on Nov 28, 1953, and that death occurred at 2.30 A m., from the causes and on the date stated above.

SIGNATURE: Joshua H. Armacost — (Degree or title) M.D. — ADDRESS 6419 Windsor Mill Rd Baltimore 7 Md — DATE SIGNED 11/30/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Dec 2/53 — NAME OF CEMETERY OR CREMATORY: Oaklawn — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 12/1/53 — REGISTRAR'S SIGNATURE: —

24. FUNERAL DIRECTOR: Young Dyer — ADDRESS: 5005 Park Heights

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10918

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Granite
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Granite
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) E. (Last) Washington

4. DATE OF DEATH: (Month) Nov. (Day) 23 (Year) 1953

5. SEX: F. | 6. COLOR OR RACE: Col. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: Dec. 25 1880 | 9. AGE last birthday: 72 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry Tucker | 14. MOTHER'S MAIDEN NAME: Elizabeth Randall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT & ADDRESS: Mrs. Edmonston - Granite, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Arthritis — Interval Between Onset And Death: 10 days
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO
(c)
593X

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,19 .., to ...., 19..... , that I last saw the deceased alive on ...., 19....., and that death occurred at 9:55 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 11-27-53 | NAME OF CEMETERY OR CREMATORY Lasting Rest | LOCATION (City, town, or county) (State) Germantown, Md.

DATE REC'D BY LOCAL REGISTRAR 11/24/53 | REGISTRAR'S SIGNATURE Wm. E. Martin

24. FUNERAL DIRECTOR Tawes & Knight - Crisfield, Md. | ADDRESS

Walter F. Knight

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Franklinville
LENGTH OF STAY (in this place): 25 yrs.,
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Balto.,
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Franklinville
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Waters

4. DATE OF DEATH: (Month) Nov. (Day) 22, (Year) 1953

5. SEX: female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan. 31, 1883

9. AGE last birthday: 70 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House work

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Harford Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Braummer

14. MOTHER'S MAIDEN NAME: Nancy Watters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service):

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Jacob Waters, Franklinville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

H 20.2
Immediate cause (a) Congestive Heart Failure — 2 Mo.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease — 4 yrs.
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1940 to 11/22, 1953, that I last saw the deceased alive on 11/22, 1953, and that death occurred at 5:52 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): Clifford F. Hudson M.D. — ADDRESS: York Md. — DATE SIGNED: 11/27/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 25, 1953 — NAME OF CEMETERY OR CREMATORY: Mt. Zion — LOCATION (City, town, or county): Joppa, Harford (State): Md.

DATE REC'D BY LOCAL REGISTRAR: 11-30-53 — REGISTRAR'S SIGNATURE: [signature] — **24. FUNERAL DIRECTOR:** Howard K. Mc Comas & Son — ADDRESS: Abingdon Md.

VS. A

RECEIVED
DEC 3
BUREAU V. S.

Film G159 Item 14 11/25/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 76 Mellor Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28
STREET ADDRESS (If rural give location) 76 Mellor Avenue

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Clarence (Last) Weihrauch

4. DATE OF DEATH: (Month) 11 (Day) 9 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-13-1895

9. AGE last birthday: 58 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Licence Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Balto. Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William L. Weihrauch

14. MOTHER'S MAIDEN NAME: Mary E. Deady

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1917-18

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Frances Weihrauch

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 42 [illegible]

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible], from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11-12-1953

NAME OF CEMETERY OR CREMATORY U.S. National

LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 11-11-53

REGISTRAR'S SIGNATURE T. E. Barry

24. FUNERAL DIRECTOR Mac Nabb & Son

ADDRESS Catonsville

VS. A-5

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10521

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. Md. LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6902 Beech Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. Md.
STREET ADDRESS (If rural, give location) 6902 Beech Ave

3. NAME OF DECEASED (Type or Print): (First) WATSON (Middle) C. (Last) WHEELER

4. DATE OF DEATH (Month) Nov. (Day) 21 (Year) 19 53

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married | 8. DATE OF BIRTH: July 9-1869 | 9. AGE last birthday: 84 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad machinist | 10b. KIND OF BUSINESS OR INDUSTRY: P.R.R. Retired 16yrs | 11. BIRTHPLACE (State or foreign country): Balto. Co. Md | 12. CITIZEN OF WHAT COUNTRY? U S a

13. FATHER'S NAME: Jos Wheeler | 14. MOTHER'S MAIDEN NAME: Anna Disney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT AND ADDRESS: Mrs Ada Frank 6902 Beech Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Pneumonia (Cong.) — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cong. Insuff. of Myocardium — 5 years

(c) Arteriosclerosis — 10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to 21 Nov., 1953, that I last saw the deceased alive on 11/21, 1953, and that death occurred at 5:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Michael J. Duncan MD 4631 Belair Rd 11/21/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 11/25/53 | NAME OF CEMETERY OR CREMATORY: Lorraine Park Cem | LOCATION (City, town, or county): Balto | (State): Md

DATE REC'D BY LOCAL REG.: Nov. 23-1953 | REGISTRAR'S SIGNATURE: Mrs. M. E. Riffenberg | 24. FUNERAL DIRECTOR: Lansdale Funeral Home | ADDRESS: 7401 Belair Rd

VS: A15

RECEIVED
NOV 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-1A 8-51

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) —

LENGTH OF STAY (in this place) —

HOSPITAL OR INSTITUTION OR STREET ADDRESS 5914 Central Ave, Catonsville Manor

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Balto.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Manor

STREET ADDRESS (If rural, give location) 5914 Central Ave.

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Dorsey (Last) Whiteley Or Whitely

4. DATE OF DEATH: (Month) Nov. (Day) 29 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	W.	Married	Nov. 18, 1907	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Chauffer	C.C.Lang	Maryland.	

13. FATHER'S NAME: Frank F. Whiteley

14. MOTHER'S MAIDEN NAME: Harriett A. Goodman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
	214-10-0651	Mrs Frances Whiteley, 5914 Central Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary Thrombosis	1 da.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Coronary Sclerosis	4 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 3-12-, 1953, to 11-28-, 1953, that I last saw the deceased alive on 11-28-, 1953, and that death occurred at 2 a. m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE) ADDRESS	DATE SIGNED
Wilmer K. Gallagher	M.D. Catonsville-28 Md.	11-30-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 2 1953	Lorraine Park.	Woodlawn Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
DEC 2 1953		Harry A. Nitzke	4101 Edmondson Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 23

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Woodlawn — LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3504 Windsor Mill Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural give location) 3504 Windsor Mill Road

3. NAME OF DECEASED: (Type or Print) (First) CLEMENTINE (Middle) E. (Last) WILHELM

4. DATE OF DEATH: (Month) Nov. (Day) 19 (Year) 1953

5. SEX: female — 6. COLOR OR RACE: white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed — 8. DATE OF BIRTH: 2/15/1866 — 9. AGE last birthday: 87 yrs. — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired housekeeper — 10b. KIND OF BUSINESS OR INDUSTRY: at home — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Not known — 14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) no — 16. SOCIAL SECURITY NO.: none — 17. INFORMANT & ADDRESS: Guy E. Wilhelm, Woodlawn, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Cerebral hemorrhage — 2 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) arterio-sclerosis — ? years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 50, to 11/19/53 19 , that I last saw the deceased alive on 11/19/53 19, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE H. W. Cooper (Degree or title) M.D — ADDRESS 5701 Georgia Ave. Balto. Md. — DATE SIGNED 11/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11/24/53 — NAME OF CEMETERY OR CREMATORY Winters Cem. — LOCATION (City, town, or county) New Windsor Md. — (State) M.D

DATE REC'D BY LOCAL REGISTRAR 11/23/53 — REGISTRAR'S SIGNATURE Wm. E. Martin

24. FUNERAL DIRECTOR — ADDRESS D. D. Hartzler & Sons, New Windsor, Md

M

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

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DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ages especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Nutwell
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) HENRY (Last) WILKERSON

4. DATE OF DEATH: (Month) November (Day) 16 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3-30-88

9. AGE last birthday: 65 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nutwell, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Thomas Wilkerson

14. MOTHER'S MAIDEN NAME: Pricilla Alton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) INFARCT, RIGHT CEREBRUM — Interval Between Onset And Death: 4 WEEKS

DUE TO

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 10, 1953, to Nov. 16, 19 53, [redacted] and that death occurred at 5:55 A.M., from the causes and on the date stated above.

SIGNATURE: [signature] — (Degree or title): M. D.

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 11-16-53

WILLIAM B. VANDEGRIFT

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 11-19-1953

NAME OF CEMETERY OR CREMATORY: Friendship

LOCATION (City, town, or county) (State): Friendship, Md.

DATE REC'D BY LOCAL REGISTRAR: Nov. 19, 1953

REGISTRAR'S SIGNATURE: Dawson L. Taylor

24. FUNERAL DIRECTOR: Arlington S. Phillips Funeral Home

ADDRESS: 1808 N. Monroe Street, Baltimore 17, Md.

VS. 4-1

RECEIVED
NOV 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: BALTO. — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SPARROWS PT. MD. | LENGTH OF STAY (in this place): 24 HRS
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 817 E ST.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: BALTO
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SPARROWS PT. MD.
   STREET ADDRESS (If rural, give location): 817 E. ST.

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) — (Last) WILLIAMS

4. DATE OF DEATH: (Month) 11 (Day) 16 (Year) 1953

5. SEX: FEM

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 20 DEC. 1864

9. AGE last birthday: 88 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE KEEPER

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): WALES

12. CITIZEN OF WHAT COUNTRY? U.K.

13. FATHER'S NAME: WILLIAM WILLIAMS

14. MOTHER'S MAIDEN NAME: MARGARET ROBERTS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO | (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: MRS. WM. CONNINGHAM — SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4221

Immediate cause (a): Cardio-Respiratory failure — 24 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: Chronic Sclerotic Cardio-Vascular disease — 5 yrs?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19—, to Nov. 16, 1953 that I last saw the deceased alive on Nov. 15, 1953 and that death occurred at 9:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Dawson L. Farber M.D. 914 "D" St. Sparrows Point, Md. 11/16/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: 11-18-53 | NAME OF CEMETERY OR CREMATORY: BALTO CEM | LOCATION (City, town, or county) (State): BALTO, MD.

DATE REC'D BY LOCAL REG.: NOV. 16 53 | REGISTRAR'S SIGNATURE: Dawson L. Farber

24. FUNERAL DIRECTOR | ADDRESS: Walter Hooper Bradley, Glendale, Md.

RECEIVED
NOV 13 1 53
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
LENGTH OF STAY (in this place) D. O. A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dead on arrival at Veterans Adm. Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore Marley Park
STREET ADDRESS (If rural give location) 3 Cedar Drive

3. NAME OF DECEASED: (Type or Print) (First) JESSE (Middle) (NMI) (Last) WINDESHEIM

4. DATE OF DEATH: (Month) November (Day) 6 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-30-95

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Musician & Piano Tuner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry Windesheim

14. MOTHER'S MAIDEN NAME: Dora Pinkcus

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: 220-01-0983

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) MYOCARDIAL INFARCTION — Interval Between Onset And Death: UNKNOWN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROSIS OF CORONARY ARTERIES WITH OCCLUSION — UNKNOWN
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible] to [illegible] that I last saw the deceased [illegible] and that death occurred [illegible] from the cause and on the date stated above.

SIGNATURE (Degree or title) WILLIAM B. VANDEGRIFT, M. D.
ADDRESS VAH, FORT HOWARD, MARYLAND
DATE SIGNED 11-6-53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 11-9-53
NAME OF CEMETERY OR CREMATORY Glen Haven Cemetary
LOCATION (City, town, or county) Glen Burnie (State) Md.

DATE REC'D BY LOCAL REGISTRAR Nov 8 1953
REGISTRAR'S SIGNATURE J. J. Dalba

24. FUNERAL DIRECTOR Thomas W. Singleton Funeral Director
ADDRESS Glen Burnie, Maryland

London Funeral

1 53

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10127 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Towson | LENGTH OF STAY (in this place) 4 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS Towson Consolesint Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Balto.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson

STREET ADDRESS (If rural, give location) 301 Chesapeake Rd

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Morris	T	Wooden	Nov	20	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	Sept 23 1869	84 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired	Milk — and D.V.M.	Piedmont W. Va.	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Calvin C Wooden	Mattie Marker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
—	—		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

1778

Immediate cause (a) Uremia — DUE TO — Interval between onset and death: 7-8 wks.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Carcinoma of prostate — DUE TO — Interval: ?

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐
—		

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/5, 19 53, to Nov 20, 19 53, that I last saw the deceased alive on 11/16, 19 53, and that death occurred at 12 15 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Jos. P. Seelack M.D. — 11/20/53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	Nov 24/53	Green Mount	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 20, 1953	Mabel C. Gray	Stewart Morris Co.	108 W North Balto.

VS-15 8-51

RECEIVED
NOV 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2111 Boundary Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale
STREET ADDRESS (If rural, give location) 2111 Boundary Avenue

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) THOMAS (Last) WOODS, SR.

4. DATE OF DEATH: (Month) November (Day) 3, (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: August 28, 1895

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: Colgate Asphalt Paving Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Woods

14. MOTHER'S MAIDEN NAME: --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY No.: 217-07-8954

17. INFORMANT & ADDRESS: Catherine M. Woods, 2111 Boundary Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

151X

Immediate cause (a) Cancer of stomach — INTERVAL BETWEEN ONSET AND DEATH: 2 months.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 17, 19 53, to Nov. 3, 19 53, that I last saw the deceased alive on Nov. 3, 19 53, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) M.D. ADDRESS 8019 Harford Rd. DATE SIGNED 11-4-53

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE THEREOF 11/6/53 — NAME OF CEMETERY OR CREMATORY Parkwood Cemetery — LOCATION (City, town, or county) (State) Parkville, Maryland

DATE REC'D BY LOCAL REG. 11-4-53 — REGISTRAR'S SIGNATURE [signature] — **24. FUNERAL DIRECTOR** Wm. Cook Inc. — ADDRESS 1217 St. Paul Street

JT

V-15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 9X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 00-01-4
STREET ADDRESS (If rural give location): 1322 Light Street

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) L. (Last) WRIGHT

4. DATE OF DEATH: (Month) November (Day) 17 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11-11-89

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles Wright

14. MOTHER'S MAIDEN NAME: Anna Mae Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: 220-18-4974

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) CARCINOMA OF COLON — Interval Between Onset And Death: UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 24, 19 53, to Nov. 17, 19 53, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M. D.

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 11-19-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 11-20-53

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 11/20/53

REGISTRAR'S SIGNATURE: Hyd Rodnick

24. FUNERAL DIRECTOR ADDRESS: Howard Blight Funeral Home, 6009 Harford Road, Baltimore 14, Maryland

Mildred T. Blight

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
   COUNTY: Baltimore — MARYLAND
   CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Fort Howard
   LENGTH OF STAY (in this place): 16 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY:
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
   STREET ADDRESS (If rural give location): 4815 Pennington Avenue

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) J. (Last) WROBEL

4. DATE OF DEATH: (Month) November (Day) 18 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-27-30

9. AGE last birthday: 23 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Wrobel

14. MOTHER'S MAIDEN NAME: Valeria (MN: ~~Unknown~~) SZISKOSKA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): Korean War

16. SOCIAL SECURITY No.: 215-24-3064

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA OF THE NASOPHARYNX WITH METASTASES — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — DUE TO

(c)

Interval Between Onset And Death: UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 2, 19 53 to Nov. 18, 1953 and that death occurred at 8:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

JOSEPH M. MILLER, M. D., Chief, Surgical Service, VAH, Fort Howard, Md. 11-18-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 21-1953 — NAME OF CEMETERY OR CREMATORY: Holy Cross Cemetery — LOCATION (City, town, or county) (State): Baltimore Co., Maryland

DATE REC'D BY LOCAL REGISTRAR: 11-19-53 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR — ADDRESS: Wm. S. Fialkowski Funeral Home, 2007 Eastern Ave., Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Upper Falls
LENGTH OF STAY (in this place) 2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Falls
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Susan (Middle) E (Last) Young

4. DATE OF DEATH: (Month) Nov (Day) 13 (Year) 1953

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed — 8. DATE OF BIRTH: Mar 21, 1878 — 9. AGE last birthday: 75 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House work — 10b. KIND OF BUSINESS OR INDUSTRY: Domestic — 11. BIRTHPLACE (State or foreign country): Penna — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Geo Hoffhammer — 14. MOTHER'S MAIDEN NAME: Mary Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: — — 17. INFORMANT & ADDRESS: Mary K. Getty, Upper Falls Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial insufficiency

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Coronary Thrombosis

DUE TO (c)

Interval Between Onset And Death: 6 yrs 1949

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Hernia Operation 1949 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 12, 1953 to Nov 12, 1953, that I last saw the deceased alive on Nov 12, 1953 and that death occurred at 9:12 o'clock P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter M. Hammett — ADDRESS Baldwin — DATE SIGNED Nov 13-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF Nov 13, 1953 — NAME OF CEMETERY OR CREMATORY P.L. Ware & Son — LOCATION (City, town, or county) Northumberland (State) Pa

DATE REC'D BY LOCAL REGISTRAR'S REGISTRAR 11-13-53 — REGISTRAR'S SIGNATURE Tom Hammett

24. FUNERAL DIRECTOR Howard K. Holmes & Son — ADDRESS Abingdon Md

VS. A

NOV 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10232 WC 30

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE 52+16
LENGTH OF STAY (in this place) 14 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE STATE HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 00-014
STREET ADDRESS (If rural give location) 20 S. Bond Street

3. NAME OF DECEASED: (Type or Print) (First) LEWIS (Middle) (Last) ZACHORSKI

4. DATE OF DEATH: (Month) Nov (Day) 7 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 6/13/1894

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Zachorski

14. MOTHER'S MAIDEN NAME: ANNA ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

560.0 Immediate cause (a) Cardiac Failure — Interval Between Onset And Death

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Dilatation of Stomach

DUE TO (c) Following Bilateral Scrotal Hernia Operation

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SCHIZOPHRENIA

19a. DATE OF OPERATION: 10-8-53

19b. MAJOR FINDINGS OF OPERATION: BILATERAL INGUINAL HERNIAE

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 11 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) William N. Kirkpatrick M.D. ADDRESS Spring Grove State Hospital DATE SIGNED Nov 7 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11-23-53

NAME OF CEMETERY OR CREMATORY Spring Grove Hospital

LOCATION (City, town, or county) (State) Catonsville 28, Maryland

DATE REC'D BY LOCAL REGISTRAR 11-23-53

REGISTRAR'S SIGNATURE V.E. Harry

24. FUNERAL DIRECTOR ADDRESS Spring Grove Hospital, Catonsville 28, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
NOV 25 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10933

CERTIFICATE OF DEATH

Reg. Dist. No. 4-3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Overlea
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 708 Elmwood Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Overlea
STREET ADDRESS (If rural, give location): 708 Elmwood Rd.

3. NAME OF DECEASED (Type or Print): (First) Catherine A. (Middle) (Last) Zeiler

4. DATE OF DEATH: (Month) Nov. (Day) 14 (Year) 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED: Widowed

8. DATE OF BIRTH: Dec 22, 1866

9. AGE last birthday: 86 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Seraphim Zeiler

14. MOTHER'S MAIDEN NAME: Theresa Yestadt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Joseph C. Zeiler Balt. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

428.1 Immediate cause (a) Cardiac failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis, arteriosclerosis 5 months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 20, 1953, to Nov 14, 1953, that I last saw the deceased alive on Nov 13, 1953, and that death occurred at 3:15 A.m., from the causes and on the date stated above.

SIGNATURE: Richard Zeiler (Degree or title) M.D ADDRESS: 10 Overlea Ave DATE SIGNED: Nov 16-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Nov 17, 1953

NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery

LOCATION (City, town, or county) (State): Balt. City Md.

DATE REC'D BY LOCAL REG.: 11-16-53

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR ADDRESS: Lilly & Zeiler, Inc. 1901 Eastern Ave. Balt.

A B C